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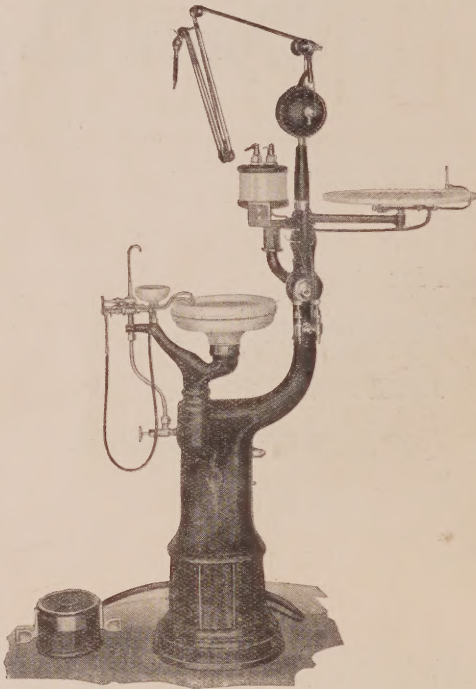
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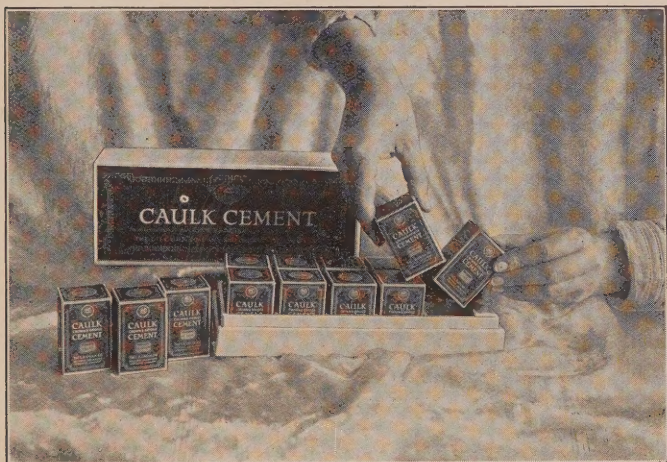
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THE HYA YAKA

Vol. XXV.

November, 1925

No. 1

Welcome From the Dean

Students who were previously in attendance at the School of Dentistry of the Royal College of Dental Surgeons are now resuming their course as students in the Faculty of Dentistry of the University of Toronto. Those enrolled in the First Year this session are welcomed as being the first class which will take its entire course in the newly established Faculty of Dentistry.

For fifty-one years the Royal College of Dental Surgeons (the Dental profession of Ontario) conducted the School of Dentistry, and for thirty-seven years the School was affiliated with the University for the purpose of conferring the degree of Doctor of Dental Surgery. Marvellous advancement has taken place in the teaching of Dentistry, and the course which covered one academic year in 1869, has been gradually increased until it now covers five years.

Since 1905 negotiations have continued intermittently with the University for closer relations, and these have successfully terminated, after a favorable vote of the Dental profession, in the transference of the School of Dentistry to the University.

While the Royal College of Dental Surgeons has relinquished its teaching function, it still continues as the Dental licensing body for Ontario, and in its capacity with reference to graduate matters. The R.C.D.S. reserves the right to examine candidates for license, but ordinarily students who graduate from the Faculty of Dentistry, after taking the full course in the regular way, will be granted a license to practise in Ontario and admitted to membership in the Royal College of Dental Surgeons without further examination. Part of the students' tuition fee will be set aside each year as provision to cover license fee.

I sincerely hope that Dental students will avail themselves to the fullest extent of whatever advantages and privileges accrue from our new relationship in the University and that they may take an active interest in University affairs. I wish all a very successful year's study, and would like to add that I hope their leisure time will be well spent in rounding out their education in other lines than their chosen profession, as well as in athletic and social diversions.

Wallace Seccombe

When You Lose Your Natural Teeth What Then ?

Message to Denture Patients

By Dr. Felix A. French

Masonic Bldg., Metcalfe St.,
Ottawa, Ont.

MANY people dread the thought of wearing artificial dentures. This is due largely to the number of failures and unsightly conditions they have seen in this class of work.

Like other branches of science, however, the art of Prosthetic dentistry is making wonderful progress. The slipshod, haphazard, guess methods of former days are rapidly being supplanted by scientific and accurate methods that produce more exact and constant results.

If your natural teeth are lost either through accident or through being diseased they may be a source of discomfort and a constant menace to your general health.

While it is generally admitted that there is no other form of human restoration which can be made so satisfactorily both from the standpoint of appearance and usefulness as the restoration of the teeth, yet in supplying you with artificial dentures to replace your lost teeth, we cannot promise to restore the efficiency of your natural teeth. We can remedy the condition wherein you have no teeth at all.

If this condition can be improved, let us say 25%, artificial dentures are well worth taking advantage of, and if 75%, the improvement, then all must admit is marvellous, but do not expect 100% efficiency.

DIFFERENCE IN MOUTHS

While some people do go so far as to say that they would not exchange their artificial dentures for their natural teeth, such a high realization of successful methods cannot be hoped for in every case.

As all faces vary, so do mouths; and each mouth will only lend itself to a certain result. This result is attained only after a close

study of the needs of the case, the exercise of a high degree of skill and the careful use of scientific apparatus.

Generally speaking no work is any better than the foundation upon which it rests. In the case of the mouth, however, nature sometimes compensates which accounts for the fact that in some cases, where at first sight success seemed impossible of attainment, we are able to achieve a remarkable result, due to the wonderful adaptability of the patient.

On the other hand, unfavorable mouth conditions can sometimes be improved upon by surgical interference.

MOUTH PREPARATION

Some people dread anything in the nature of a surgical operation. In the matter of mouth preparation this fear is altogether unnecessary. When teeth are surgically removed and the ridges properly prepared, there is less aftersoreness, the tissues heal more quickly, and dentures are more comfortable and stable than is ordinarily the case after simple extraction.

When teeth are "just pulled" in the old way and the ridges left with all the holes and projections of bone, it is impossible to make dentures which will be either pleasing to the eye or comfortable to wear. Moreover where the reason for removing the teeth is to preserve or restore the patient's health, it is necessary that any infected areas about the roots of the teeth be eliminated also.

PRELIMINARY MEASUREMENTS

Patients intending to have diseased teeth removed should, BEFORE THE TEETH ARE EXTRACTED, visit the dentist who is to make the dentures, so that he may TAKE MEASUREMENTS and MAKE OBSERVATIONS which will be of material assistance in retaining normal facial expression; to retain it is easier than to restore it when lost. Frequently study casts are necessary to determine the extent of mouth preparation. In cases where we desire to reproduce the natural teeth in form and arrangement, it is advisable to get a working model or exact reproduction of what your natural teeth were like before you lost them. This model may be retained by the patient through life.

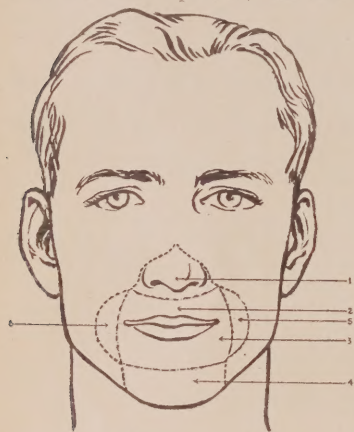
IMMEDIATE DENTURE SERVICE

It has been the custom to have patients wait for months after extraction of the teeth "for the gums to settle" before dentures were inserted.

Time, research work and experience have proved this procedure to be wrong because, by waiting so long, the patient loses

the natural facial expression and the ability to chew food. The cheeks fall in, the tongue thickens, the muscles of mastication lose their power of hearing may be impaired.

Greater comfort and satisfaction are experienced by the immediate insertion of dentures after extraction as the mouth can be put into condition for dentures at that time. This avoids the necessity of appearing toothless among business and social associates; besides, facial expression can be retained, as well as proper distance between chin and nose. The use of more or less solid food is also afforded. The cheeks do not fall in; the muscles of mastication still retain their power; and hearing is not impaired.



With artificial dentures it is possible to change a little more than one-third the lower portion of the face; that portion that lies between the bridge of the nose and the chin. This area includes the main features of expression, and any change of contour within this area will produce an effect upon the entire physiognomy and give a different expression to the countenance.

The features outside this area are known as "permanent area," while that included within the boundary is known as "variable." It is in this variable area that lack of harmony among its component segments, one with the other, or of the segments with the permanent area that produces the marked changes of facial contour which characterize different physiognomies.

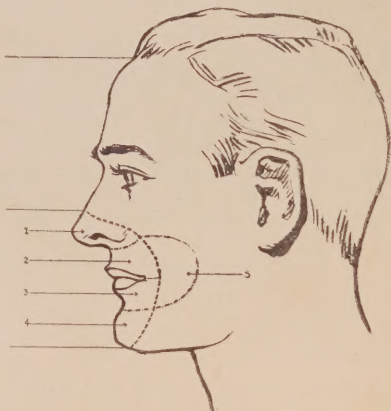




Fig. 3 illustrates the result of waiting for months after removal of the teeth before dentures are inserted. Note change in the tip of the nose.

Twelve faces symmetrical in every respect except in the region of the mouth. Illustrating changes that can be produced in the character of the face through the proper or improper placement of the segments of the variable area of the face, with artificial dentures.



SELECTION AND ARRANGEMENT OF TEETH

The best artificial teeth are manufactured from the very finest grade of porcelain that science can produce. They are made in many sizes, forms, and hues, in which the natural teeth are closely imitated so that with modifications they may be made to harmonize with any type of face. Teeth which are large or too small are more or less disfiguring, whether natural or artificial; likewise angular teeth in a delicately rounded face or square teeth in a tapering face pro-

duce disharmony. Nature sometimes gives us teeth which are too large or too small, or arranged in such a manner as to be out of harmony with the rest of the face, just as she gives some of us noses, eyes and mouths which are either too large or too small, or otherwise too much out of harmony with the rest of the face to be beautiful. It is clear therefore that if we are to produce the most harmonious effect we must in some cases disregard the arrangement of the natural teeth which were present. This is why some patients are better looking with artificial dentures than they were with their natural teeth.

Obviously the principles involved in the selection of teeth as to size, form and hue, as well as their arrangement for appearance, speech and mastication require special training and considerable experience to assure their correct application. For this reason the operator's judgment should be relied upon in large measure to produce the best results.

TRIAL RESTORATIONS

The teeth are arranged on temporary base plates and tried in the mouth. The patient and operator should then agree on the size, form, hue and arrangement of the teeth. Any relative or friend whose opinion is to be considered should be present to pass judgment upon the appearance of the case. At this time it is possible to make any changes that may be desired.

Any alterations made after the dentures are completed, involve unnecessary trouble and additional expense to the patient.

EXCESS OF SALIVA

When first fitted with dentures you are mainly concerned about your mouth and the fact that it contains something foreign. As a result you will experience an increase in the quantity of saliva. This increased flow is perfectly natural and to be expected. When you had your natural teeth and the flow was more or less constant, you unconsciously and automatically swallowed it to drain the mouth. The saliva has a definite purpose in the body and its flow and swallowing are natural. When the quantity is increased by placing dentures in the mouth, simply swallow more often and in a day or two the flow will diminish until it resumes normal proportions.

LEARNING TO USE DENTURES

Learning to use dentures, like learning to skate, is simply a matter of adapting ones self to a new condition. Some people possess this faculty to a greater degree than others.

Dentures always feel cumbersome at first and have certain

limitations in use which must be learned by the patient. For instance, in biting off food there will be much less danger of dislodging them if inward pressure is made on the teeth instead of an outward pull as one usually makes with the natural teeth. This is a mechanical principle which is as old as the law of leverages. You subconsciously learn to regulate pressure distribution and direction of applied force in order to avoid displacement of the dentures during the entire stroke of mastication. Most people learn to eat very well with dentures, but no one should expect them to be as efficient as natural teeth.

No one should expect maximum efficiency until they have had time to learn their use. The length of time required varies according to the patients individual mouth conditions, general state of health, age and ability to adapt himself to new conditions. In eating it will be found that thorough mastication can be more readily accomplished if the food is taken in small portions at first and the chewing done slowly.

DENTAL ENGINEERING

To shape and arrange teeth so that each tooth maintains contact and balance in every possible working position and that will function correctly in the mouth, is an engineering problem which has to be worked out in each individual case.

To construct dentures which are perfectly adapted to the tissues without interfering with the border tissues or muscles, and to have them so formed that, when pressure is applied, the stress on hard and soft areas is equally distributed without interference with the free and natural circulation of the blood through the tissues, are vital factors which require the greatest care and accuracy in the process of construction.

The nearer the dentures are to being correct in every respect, the more readily the patient can learn to use them and the more permanent is the service rendered.

CONSTANT USE IS BEST

Full dentures should be kept in the mouth at all times except when cleaning them.

WILLINGNESS AND PATIENCE NECESSARY

Success in wearing dentures, no matter how perfectly made, depends to some extent upon the patient. Those who start wearing dentures either unwillingly or half-heartedly seldom make a complete success of it, while those who approach the matter with determination learn with surprising ease and often have a complete mastery in a few days; others take weeks or months—and a few never learn.

In those cases where unfavorable mouth conditions have been long neglected, the dentist does not and cannot undertake to supply the patience and persistence required, the patient must furnish these.

LENGTH OF SERVICE

The length of time that dentures may be worn depends altogether upon the tissue changes that take place underneath. The dentures themselves do not change. Shrinkage of the supporting ridges and tissues, the result of general physical or local conditions, is something over which we have no control. Patients who have suffered from Pyorrhea or a toxemic condition, usually show evidence of more shrinkage than others. Some cases show marked changes in a few weeks with a continuous change over a period of months; other cases apparently never have any appreciable change and their dentures render indefinite service. When dentures become loose they may be refitted at less expense than new ones can be constructed, although many patients prefer to have new ones made and keep the old ones for emergencies. The charge for refitting or reconstructing is made only when and where such service is required.

HEARING

It is important that the jaws be placed in correct relation for the preservation of hearing as well as for reasons of efficiency and appearance.

Impaired hearing or even total deafness may be caused by going without teeth or by wearing dentures which cause or permit abnormal jaw relation.

CARE OF DENTURES

Artificial teeth are breakable and should be handled with care. They should be kept scrupulously clean by brushing after each meal and upon retiring. A special plate brush or stiff hand brush should be used. Baking soda is a good cleansing agent. Never use coarse scouring powders or HOT WATER. In case of breakage it is usually possible to make a satisfactory repair.

CO-OPERATION ESSENTIAL TO SATISFACTION

The patient should have a reasonably good conception of his mouth conditions and the problems involved in his or her particular case.

Successful dentures result only from co-operation between a dentist who knows how to make them and a patient with the necessary determination to learn their use.

The effort required on the part of the patient is rewarded by a glowing sense of comfort that more than repays the inevitable annoyance which first accompanies the wearing of artificial dentures.

Dental Indentureship

The word indenture means, in the sense we wish to use it, to bind or serve as an apprentice, under a preceptor, or some one competent to instruct the novice, for a specified length of time.

In the case of trades, carpentry for instance, the novice presents himself to the finished carpenter, binds himself for a term of sufficient length to be fully instructed in such work, and during the time is totally dependent on the instructor for his course of training. He necessarily gets all his ideas, practically speaking, from his preceptor and utilizes his time while being instructed. Therefore he receives; but his ideas are not sufficiently advanced to hand out in return information which might enlighten, or be of any real value to his teacher.

In the case of the professions, e.g., Dentistry, for it concerns us most, those engaged in the study of this subject are required, after attending four sessions, to either spend a month in the college infirmary, after the regular session is finished, or indenture with a practitioner for a period of two months.

We are living in an age of rapid progress and it is universally acknowledged that Dentistry is making more than ordinary leeway. The advance is so rapid that older practitioners, who have not kept in touch with their colleagues and abreast of the times, are in a lamentable condition. The result of such negligence and indifference was vividly portrayed to the writer, when, one summer, while a student, he indentured with a practitioner fifteen years a graduate, isolated in a small town with a country clientele. One typical illustration was his preparation of a local anesthetic. The plunger was removed from the syringe and the barrel filled with well-water from a bucket. Two Anocain tablets were dropped in, plunger returned, a couple of shakes were given the syringe and it was ready for injecting. The results, of course, were obvious. The student, with his advanced knowledge, steps in and enlightens the dentist.

The dental student, different from the ordinary apprentice of a trade, has, with his knowledge of latest procedures, something which is of some benefit to his preceptor, which results in a mutual exchange of ideas and methods, thus promoting one another's knowledge of the subject.

For this reason Dental Indentureship, in the mind of the writer, should be commended and should be looked upon by the practitioner as promoting good results, not only from the standpoint of himself and the student, but also from the patient's as well. A wonderful fund of knowledge and help may thus be gained in this way for both parties concerned, and personally I myself have experienced the benefit of it, having had a student indentured with me this past summer.

A PRACTITIONER.

What Effect Has the Creation of the Faculty of Dentistry on the Student ?

The entrance of the Dental College into the University as the Faculty of Dentistry has meant much, and little, to the undergraduate student. Little in that he goes on his way about as usual, and except for the fact that he now pays his fees to the Bursar instead of his own Faculty office, he finds nothing of moment to make him aware of any change in his daily life.

The fact that no longer does that august, powerful and distant body, "The Board," exercise any control over him, but that new gods in the form of Senate, Board of Governors, and Caput control his destiny mean nothing to him, as in his normal career he never encounters these beings from Olympus, except at such times as graduation or following unauthorized parades.

But yet there has been a tremendous change in the status of the student body for all that. Heretofore, the Board of the Royal College of Dental Surgeons—in its capacity of elected representatives of the entire graduate body of the College—has had the exclusive control of, and responsibility for, the Dental College in all its phases, save for the joint-examination arrangements made with the University. But now, the Faculty is no longer answerable to them for building, teaching, or equipment, but to the President, Senate and Board of Governors of the University of Toronto, who henceforth set the standards and assume the expense of the School.

And the student, who heretofore was permitted in the stadium, museum or Hart House as a privilege, is now admitted as a right, and takes his full share in the University life in all directions.

The detail of the different is somewhat as follows:

He pays Faculty Fees only at the Dental Building: University Fees to the Bursar.

He is examined now by the staff who instruct him: not by outside examiners as heretofore.

In the case of trouble with another Faculty, his case is dealt with by the Caput.

He becomes an undergraduate of the University, and as such his name appears in the University Directory of Staff and Students.

The Superintendent, being the custodian of all University buildings and grounds, is now responsible for the Dental Building, and consequently permission must be obtained from him for all meetings held in the building after hours. (To help defray the extra expense for opening up the building, a nominal charge is made for this service.)

INITIATION

What-Ho! The Academic Year of 1925 was ushered in by the appearance of a crew of "**Frosh**" who numbered slightly in excess of a half-century. A distinguished crew were they also. Why? Hoot, mon, said they, do you not know that we are the first freshman class of the newly christened Faculty of Dentistry of the University of Toronto?

Enough for an introduction. There so-called frosh came and since have been initiated, banquetted, speeched and theatred, and are not Frosh any longer, but full-fledged Freshmen Dents.

Going back a little way, I might explain a few statements. A meeting was called by the president of 2T9 to talk things over. As you all know, this year the initiation was to be primarily a fine field day. Much time was used up in discussing this rather original mode of transforming Frosh into Dents. The next important item was the uniform. The Sophs, by sheer political wire pulling, were able to slightly change this from the standard which they were given by the Cabinet. The uniform consisted of a skull cap (blue) and a four-in-hand tie (garnet).

Hats and ties secured, the Frosh were cornered in the shop room down stairs and our bold president, Mr. Fleming, and our secretary prepared to enter. Stout lads as they look to be, it seemed to the Frosh that they needed assistance, for they were accompanied far and oft by two hard looking "eggs," in the persons of Mutt Warren and Alex. Reid. The squad shunned and Deacon Fleming delivered his rather lengthy oration.

One by one the timid Frosh passed out. It was a free-for-all race, and the entry fee was one commotion. Having deposited this money with Jackson, they walked their ponies through a lane of Sophs in an effort to get to the great beyond. Needless to say, with such ambitious youths as Chalmers and Hen. Hudson in 2T9, the 3T0 did not pursue a straight and narrow path. Narrow it was, to be sure, but frequent obstacles along the way caused them to reverse from side to side.

With that over, things were going along nicely, and headquarters were notified that the Frosh were not going by Rule I. of the Habeas Corpus Act, namely, wearing the paraphernalia. Foolish absolutely, man, they paid for it, why not wear it. As a consequence, they were lined up and asked to give the yells, and, ladies and gentlemen, would you believe it, some did not know our beloved Hya Yaka. Owing to the excitement caused by this unprecedented occurrence, heat was generated and water was necessary. Upon the arrival of the H₂O, it was applied to the throng from neck down, but—get me right—their feet were in the air.

In the term before the initiation water was quite in evidence, being used as per directed. But this would not go on, because the initiation came upon us, not as a field day, but as before in the old gym. This was won by the Sophs on a technical ruling of U. of T.

The setting was all arranged for 1.30 on a bright October afternoon, when a surprise came to the Soph.—insubordination broke out. Why for the Frosh to even think of such a thing is treason. To shorten matters some, they smashed the gates and spilled some of our painter's paints and oils. But they paid for that in so far as they had to push an egg with that sensitive apparatus, the nose. For the Freshmen, now fresh no more perhaps, the less said about initiation the better. Having removed the dust from off their epithelial tissue, they journeyed to Cole's banquet hall and were rejuvenated both by the menu, which served to satisfy their gastronomical requirements, and also the speeches.

The President called on some distinguished guests. In Dr. Willmott's short address, the thing which now comes to my mind first, is the fact he stated he had some influence at the police station. Enough said, Doctor, we'll remember. Dr. Cowling proved himself not only an after-dinner speaker of note, but an observant man, by applying well to the proper characters as Braitland, the shiek, and Brannah and Miss Priest in a chesterfield setting. Mr. Archie Hayes, President of Parliament, gave an address, which, as he said, was short enough to cover the subject, etc., etc. Hereupon an honest grin spread over the stout, noble faces of our heavy draught team, Murphy and Dunn. They saw the joke, boys, mark that down. In the 3T0 President Patterson's address, he assured us that they were proved to be Dents and that they would be a credit to the College, and we know they will.

About 8.15 the banquet broke up and the Empire was the next stop. Being new in the City, the Freshman chicks, Jack Dore and Murphy, were bashful and neglected to look after the 2T9's colds, but Dr. Hallorand was right there to right things.

The show was very good, that is the acting x 2T9 and 3T0. The exuberant spirits of the troops were getting loose in the form of yells, which interrupted the performance. In a cabinet meeting of Mr. Morrow (cheer, leader) and the elite of the Empire, it was decided to cheer just between acts.

A chorus girls' contest was staged, and the D. boys had a franchise in the selecting done. Each girl was cheered long and lustily.

As I have said, the initiation is over and we have a Freshman class which will live up to the high standard set by the Senior years. Next year they will not be on the receiving end, as they were this year, but they will usher in another class and in turn it will be recorded in our College paper, Hya Yaka.

OUR SOCIAL EVENTS

FIRST DENTAL DANCE

The first Dental Dance of this season took place in Columbus Hall, Friday evening, Oct. 23rd, and was one of exceptional success, not only in a social achievement, but also in a financial way.

The gay, light-hearted pleasure-seekers gathered around eighty-three and by nine o'clock were received by the patronesses on entering the ball room.

Al Linton was on hand and provided an excellent repertoire of dance music for the occasion. The program was well arranged, including numerous novelties and the odd Moonlight, which ever seems popular to the young.

The intermission was pleasingly employed in a demonstration of the Charleston, by Prof. Downing and Miss Downing, and proves in the hands of the artist a most graceful and delightful accomplishment.

It is only with the hearty co-operation of the student body as a whole that such evenings can be successfully carried out, and with such a capable At Home Committee, there seems no reason why all our social events this season cannot be equally successful. The problems confronting the committee are many and arduous, and it is not very encouraging to hear students remarking that they cannot attend the Dental Dance as they are going to another the following evening and cannot afford the two. Let us rather be a little more patriotic and give our own dance the preference. Dents have always been noted for successful social functions and we must carry on and live up to our traditions. It has been rumored that our "At Home" this year is to be held in the King Edward. On interviewing Mr. Phin, he says it is possible if we can only have the same support at all our dances that we've had at this one. Now let's get busy and put it over. By fostering a spirit of co-operation, our Faculty can lead them all, and we're going to do it.

On behalf of the committee, Hya Yaka takes this occasion to thank the students for their support, and it is very safe for us to express the student's thanks and congratulations to the committee for their able management of our first social function.

Remember Dec. 3rd at the Rose Room of the Pavilion. Herbert C. Smith and his orchestra. Keep it open for another real big time—our second dance.

The class of 2T9 regrets to announce the loss of two of their most popular students, namely, Mr. "Red" Carter and Mr. "Scotty" McDonald. Mr. Curtis, always a good artist, has changed his course and has entered Commercial Art. In his new course we bid him the best of luck. Mr. McDonald, I think, has merely dropped out for a year, and we sincerely hope that he will be at F. of D. next year. Nevertheless, we miss his cheerful smile and his natty, wise crack.

FRESHMEN RECEPTION

The Freshmen Reception took place in Hart House the evening of Monday, October 26th. The reception is an annual affair held under the auspices of the S.C.A. The gathering was honored by the presence of Dr. Seccombe and Dr. Willmott, representing the staff; Mr. Cockin, Gen. Sec'y University S.C.A., and by Mr. Hays, President of the Students' Parliament, and several members of the Cabinet representing the student body. The programme consisted of musical selections, speeches and a boxing bout. Dr. Seccombe officially welcomed the freshmen as full fledged students, and mentioned the desire of the Faculty to co-operate with the students at all times, as well as their desire for co-operation on the part of the students. He also stressed the importance of early formed friendships in Colleges. Dr. Willmott ably seconded Dr. Seccombe's remarks. Mr. Cockin, in a few appropriate words, mentioned the opportunities the S.C.A. offered to the students, and his earnest desire to co-operate with the students.

Mr. Hays outlined the constitution of the Students' Parliament, and was followed by the member of his Cabinet, who outlined the various activities over which they presided.

Luncheon was served in the great Hall, at the close of which Mr. Patterson, the president of the first year, on behalf of his class, thanked those responsible for the very enjoyable evening.

If we let our memory carry us back about two years, we will summon up recollections of a debate held by the Royal Dental Society at one of their meetings in the College, "Resolved, that a smoking-room should be established in the R.C.D.S." The affirmative, in vain, tried to convince the judges. It seemed as though the College was to be wanton of their smoking-room. Time has gone on. Strict rules regarding smoking on the College premises have been wonderfully well enforced (this year), but this, with all its goodness, has led to smoking on the streets outside the College, which surely is not extremely picturesque to the passersby.

However, of late, most of this unharmonic appearance has vanished, and the affirmative of the previously-mentioned debate, together with their ninety-five per cent. supporters, have found that their struggle was not in vain, for they now have a very comfortable little smoking-room; yes, they can buy cigarettes, bars, eats and drinks, everything they could wish for, from salted peanuts to cough syrup, and enjoy it to the utmost, in the little combination store across the way.

Nurse Initiation Dance

On Oct. 6th, the Dental Nurses Alumnae Association held an informal dance at the Business Women's Club, Yonge St., the guests of the evening being the Nurses in Training.

For initiation, the Nurses were blindfolded and asked to choose their partners for the next dance.

Refreshments were served about eleven o'clock, the party breaking up at 12 o'clock.

After good-night partings, the guests dispersed for their homes, tired but happy.

Dr. E. A Linfoot was the pianist for the evening (enough said).

THE MEASURE OF A MAN

From the Kansas City Times.

Not—

“How did he die?”

But—

“How did he live?”

Not—

“What did he give?”

These are the units

To measure the worth

Of a man, as a man,

Regardless of birth.

Not—

“What was his station?”

But—

“Had he a heart?”

And—

“How did he play

His God-given part?

Was he ever ready?

With a word of good cheer,

To bring back a smile,

To banish a tear?”

Not—

“What was his church?”

Nor—

“What was his creed?”

But—

“Had he befriended

Those really in need?”

Not—

“What did the sketch

In the newspaper say?”

But—

“How many were sorry

When he passed away?”

Sports



SPORTING EDITORIAL

The fall term of 1925 finds the undergraduates at the Faculty of Dentistry entering a new era in the field of sport. Let us hope our activities in inter-faculty and Varsity athletics will bring honor and credit to the new Faculty. May every man who enters the game, whatever it may be, representing Dents feel that the glory or discredit he gains for himself is passed on to his college in exactly the same proportion. Has it not been proven a multitude of times that many of the grim battles in later life are won on the playing field years previous. That "play the game" spirit full of tenacity of purpose stands the true sportsmen in good stead and makes him a man among men in any walk of life.

Our good old college has always had athletes of the very finest calibre, but they cannot win games for us now. The playing ability of a team cannot be handed down from one to another—it has to be created. It ceases to exist with the final whistle of every game. Our athletes of the past have made marks that we should ever strive to attain and better. They have thrown to us the torch—let us hold it high.

Water Polo?

Boxing—Frank Kholli, Benny Keyfity, Bill Uoolfe and Knowles are our hopes for the B.F. and W. team this season—come out and give them your support when the fur begins to fly in about a month's time.

FIRST SOCCER MATCH

The first game our representatives played in the inter-faculty soccer series resulted in a draw with S.P.S. Both teams played hard, fast soccer, but failed to display any real class. Hutchinson made some pretty saves and was a great factor in keeping his team in the running from whistle to whistle. Graves and Quigley are two experienced soccerites and their heady playing kept the game in the air. Devins has a mighty kick and used it to School's disadvantage. On the play the team as a whole looked very promising and should go a long way in the race for the championship.

Line-up:

Forward: L. O. Graves, I. L. Quigley, C. Hewitt, I. R. Garland, O. R. Kennedy. Halves: L. H. Jarret, C. Stewart, R. Hettenhausen. Full backs: L. Devins, R. Braden. Goal: Hutchinson.

Dents' Second Soccer Game

Dents trotted out a winning team on the 28th of October to defeat Senior Meds, 1—0. Our boys pressed hard most of the time of play. Due to repeated combined efforts on the parts of the forwards, Kennedy was finally successful in sliding in a close in shot. Quigley played his usual fine game at centre half. Dennis' kicking was pretty to watch. His judgment was perfect. Braden paired with him at full back very nicely.

The line-up:

Forwards: Hewitt, C. Butcher, I. R. Lowell, I. L. Graves, O. R. Kennedy. Half backs: Quigley, Stewart, Garland. Full backs: Devins (Capt.), Braden. Goal, Hayhurst.

The Dental Football squad opened the season on the 26th of October with Sr. Meds. Inexperience on the line proved the downfall of Dents. The field was a mire and thus caused slow going with the line plays. Muddy and all as it was, however, it didn't stop little Dick Moore from getting away to some clever runs on several occasions. Moore is very fast and on a dry field will do a lot of damage. Hudson pairs with him very well and can run a ball back with the best of them. Rowland and Humphries are two real honest to goodness outside wings and both played sterling games. Layter handled the team very capably at quarter. He also did his share of tackling. The prettiest play of the game was in the second quarter when Moore ran forty yards to recover his own kick.

Halves: Hudson, Moore, Watson. Quarter: Layter. Snap: Lipson. Insides: Grant Keenan. Middles: McDougall, Wilson. Outsides: Roland Model. Flying W.: Chalmers. Spares: Humphries, Horwity, O'Reilly, Mills.

RUGBY

Sr. School 12—Dents 7

On November 2nd, Dents played their second game and were unlucky to lose the decision. Although School piled up seven points to Dent's one in the first quarter the boys from College Street fought back hard and evened things up in the last quarter on a touch by Roland and a beautiful convert by Hudson. With two minutes to go School blocked a kick and went over for a touch. It was a hard game to lose as Dents had all the play in the last three quarters.

The line-up for Dents was the same as in the first game, except for the addition of Williams and Bramah. Hudson starred with his broken field running, while Layter was the best ball carrier on the field.

DENTS AGAIN CAPTURE DE LURY SHIELD

The boys again romped home on Friday with the "bacon" in the shape of the De Lury Shield, beating the School of Science team by a comfortable margin. This shield was donated by Prof. De Lury for annual Interfaculty team competition in marksmanship, and carries with it five bronze medals. "Tommy" Hayhurst and his associates deserve great credit for the work they have done, and Tommy distinguished himself by winning the gold medal for the highest aggregate score of the match—100 out of 105 points. The Dent's team was composed of the following: Hayhurst, Somerville, Kingman, Anderson, and Sisley. Several of the boys also got on the Intercollegiate team, and get silver medals—Hayhurst, Somerville, Kingman and Anderson.

Sporting Comment

George Morgan and Johnnie Stewart, two freshment, are regulars on the O.R.F.U. team and are shaping up well.

Jr. Dents should have a world beating team this season with all of last year's regulars back and an unknown quantity among the freshmen. Humphries, who played goal so well for U.T.S. last season, will be a hard man to keep off the line-up.

Richards and Devins are already preparing for the coming hockey season. We all want to see the 'twins' right in there mixing it up when Lou Marsh rings the bell for the opener of the O.H.A. season.

May the fall of 1926 see at least one Dent on the inter-collegiate rugby squad. It is indeed unfortunate that Johnnie Lappin could not find time to play football this season. His rare line plunging ability would have been a boon to Varsity it is certain.

Our inter-faculty team has a few men on it that are real rugby players. Just watch Moore, Hudson, Later, Humphries, Roland and Keenan do their stuff.

A number of the baseball fans of the college watched the reports on the games played by the famous Hillcrests this past season. Of course, Jack Egan was playing third base.

One man that deserves a great deal of credit for his showing on the cinder path is Wallie Graham. Sommerville has also made a name for himself this fall. Graham's great run on Saturday winning the Harrier only goes to prove he is a consistent runner. Do you remember the same stunt just about a year ago. Sommerville, who is a middle distance man, ran twenty-first.

Dents came third in the inter-faculty track meet. Graham, Garland and Sommerville amassing the points for the college. A full account of the season's track and field activities will be given in the next issue of the Hya Yaka.

The "fish" have already begun their activities in Hart House tank and the Dental anglers will get something to open their eyes when the polo season gets under way. McKinnon, Brock and Stewart look good from the water's edge.

Hutchinson, Potter and Currie should be better than ever this year. These three stars of the "cage" made the intercollegiate basketball championship possible last season for Varsity.

Dents have the two crack shots of the university in the persons of Hayhurst and Sommerville, and we anticipate some high scores being registered by them when the indoor matches commence.

WHO WINS

By Ina Mae Lawrence

It never pays to worry,
It never pays to fret;
The things which make you angry
Are the things you'd best forget.
It always pays to be careful,
For a sunny, happy smile,
Will help to chase the blues away
In just a little while.
The one who is always happy,
And who smiles her troubles away,
Is the one who wins in the midst of things
That go wrong in the every day.

Evanston, Ill., October, 1922.

Deciduous Teeth

CALCIFICATION

	Begins	Complete	Erupts
2nd Molar..5 F.M...	17th to 18th M.	....	6th to 8th M.
Centrals..4 F.M...	17th to 16th M.	....	7th to 9th M.
Laterals..4 F.M...	2 yrs.	.....	17th to 18th M.
Cuspids..5 F.M...	18th to 20th M.	....	14th to 15th M.
1st Molar..5 F.M...	2 yrs.	.....	17th to 18th M.

DECALCIFICATION

	Begins	Loss
Centrals.....	4th Yr.	.....7th Yr.
Laterals.....	5th Yr.	.....8th Yr.
Cuspids.....	9th Yr.	.....12th Yr.
1st Molar.....	6th to 7th Yr.	...10th Yr.
2nd Molar.....	7th to 8th Yr.	...11th to 12th Yr.

Permanent Teeth

CALCIFICATION

	Begins	Complete	Erupts
Centrals.1st Yr.	10th to 11th Yr.	7th to 8th Yr.	
Laterals.1st Yr.	10th to 11th Yr.	7th to 8th Yr.	
Cuspids.3rd Yr.	12th to 13th Yr.	12th to 13th Yr.	
1st Bicuspids.4th Yr.	11th to 12th Yr.	10th to 11th Yr.	
1st Molar.8th F.M.	9th to 10th Yr.	6th to 7th Yr.	
2nd Bicuspids.5th Yr.	11th to 12th Yr.	11th to 12th Yr.	
2nd Molar.5th Yr.	16th to 17th Yr.	12th to 14th Yr.	
3rd Molar.9th Yr.	18th to 20th Yr.	17th to 20th Yr.	

THE HYA YAKA

Honorary Editor—DR. A. E. WEBSTER.

Editor-in-Chief—J. R. HOAG, 2T6. 240 College St. Res., 310 Huron St.
Phone Tr. 5702.

Business Manager—R. W. HUGHES, 2T6, 679 Spadina. Phone, Trin. 8719.

Ass't Bus. Mgr.—W. J. ROSS, 2T7. 633 Spadina. Tr. 9331.

Secretary—L. R. SLEMON, 2T8. 36 Carlton St. Rand. 2137.

Associate Editor—

Reporting Editors—

Sporting Editors—

H. A. T. Keenan, 2T8.

R. Harmer, 2T6.

Cecil Garland, 2T6.

K. W. Hettenhausen,
2T7.

R. C. Honey, 2T8.

Cartoonists—

P. G. Anderson, 2T8.

P. G. Anderson
Thos. Hayhurst

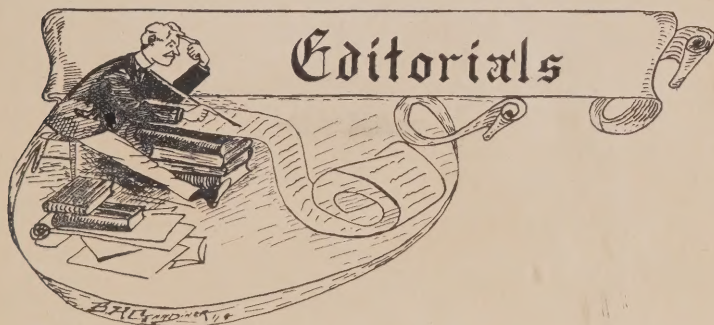
M. V. J. Keenan, 2T9.

C. J. Paterson, 3T0.

VOL. XXV

NOVEMBER, 1925

No. 1



WHAT'S THE MATTER?

For weeks past the University of Toronto had been astir over the Queen's-Varsity game, scheduled to be played at the Stadium October 31st. Everything was done to prepare for "the game of the century," as it was called. In the sporting columns of the "Varsity," Friday morning, the line-up of the Varsity team was announced, but, would you believe it, that line-up carried the name of not one single Dent? Just think, for the first time in history Dents could not boast of having one or more giridion warriors on the first team.

What is the reason for this situation? Is it because Dents are

disinterested, or is it because we have not men of sufficient calibre to make university teams for not only the rugby team, but several university teams are devoid of men from our faculty? Neither of the above are the real reasons. The main reason is that students in Dentistry feel that they cannot spare the time for athletics. The practice hours for the various athletic teams are such that no Dental student can attend them without missing school. In our daily routine, extending from 8.30 to 5.30, there is no provision for athletics. There is no time even for a shower at Hart House at the close of the day.

The university teams alone are not suffering because men from Dents cannot lend them assistance. Our various athletic teams are suffering. Is it not time that the Faculty and the Athletic Committee reached a satisfactory agreement? Are we going to let other faculties surpass us in athletics? Dents have always led. Are we now going to throw this supremacy to winds? No, even yet shall we vie with Arts, Meds and School for athletic honour.

Time moves quickly and the "good-byes" of yesterday are the "welcomes" of to-day, and so it is with us—one term goes with its departing graduates and another starts with many old faces and an additional number of new. To those who are returning no more, we wish every degree of success their calling can afford; to those returning, all the wealth of knowledge and enjoyment our faculty can provide; and to our new friends, all the happy times we have enjoyed, the pleasant associations and the heartiest welcome it is ours to give. May they join freely, full-heartedly and loyally in our activities. We need them and by so doing they will soon find themselves at home and we will rejoice in having Freshmen of whom we are proud. If we can but look upon our five years as but one big family and, when opportunities come, to help one another, avail ourselves of the chance. Forget the idea of lording it over the other chap. If he is doing well, encourage him and be happy in his success. Profit by his experience if you can, but don't be envious. Let it be the aim of all to bring as much joy into the other fellow's heart as he can. Don't misjudge good intentions. If someone can and is willing to help you, don't feel hurt or misunderstand his motives. Sometime soon you may help him and he will appreciate it. Consider the difficulties, worries, troubles and trials of those about you, a hasty word can be excused, but refrain from using one.

Seniors can help the lower years and the lower years can help the Seniors. Many Seniors have held summer positions of good remuneration and will not be returning to them after graduation. By co-operation these positions, in many cases, can be transferred to students in the lower years. On the other hand, the lower years may find the odd patient for the Senior who hasn't one, and thus help him in his training. It is a great pleasure to feel the general good will existing among our student body as a whole, and any

means to foster an even greater feeling of this character deserves the heartiest support of all.

It is the intention of our paper to publish the minutes of all cabinet meetings. By so doing we hope to keep the student body intimately posted on all college affairs and to receive from them a heartier co-operation. Appreciation of the problems confronting the cabinet with minimize lobby-chaff criticism and, with such a greater number of minds reviewing the problems of our college days, constructive suggestions should be forthcoming, which, if conveyed to the cabinet, will receive due and careful consideration.

Space will always be available for any open suggestions whereby we can improve the organization of our school, be it in a literary, social or athletic field.

CABINET MEETINGS

The first Cabinet meeting of the '25-'26 term was held in the Board Room on Thursday, Oct. 8th, the following numbers being present:—Hays, Vince, Fleming, Ross, Phin, Garland, Thomas, Hoag, Fisher.

ROSS—PHIN—That minutes of last meeting as read be approved. —Carried.

HOAG—VINCE—That L. J. Easter and R. A. Montgomery be appointed a committee of two to act as representatives on the Torontonesis Executive and contracting for space in Torontonesis be left in their hands. —Carried.

FLEMING—GARLAND—That the Editor of Hyayaka be instructed to publish six issues of Hyayaka this academic year as per the constitution.

THOMAS—FISHER—That meeting do now adjourn. —Carried.

The second Cabinet meeting was held in the Board Room Tuesday, Nov. 3rd, 1925, at 7 p.m.

The following members were present:—

Hays, Quigley, Thomas, Vince, Hoag, Wolfe, Ross, Garland, Fisher.

Minutes of the First Cabinet meeting read and approved.

ROSS—WOLFE—Hays and Vince act as a committee to inquire into the advisability of selecting a new crest for the Faculty of Dentistry. —Carried.

HOAG—THOMAS—We, the Cabinet of the Students' Parliament of the Faculty of Dentistry, deplore the present situation in the field of Dental athletics. Because of non-allowance of attending and lack of time, the students of this Faculty are unable to compete for places on teams or engage in Hart House activities.

—Carried.

VINCE—ROSS—A committee of Hays and Garland acquaint Dr. Secombe and Mr. Ross with the above situation and inquire what steps could be taken to remedy this condition.

—Carried.

GARLAND—ROSS—The following allotment of Hart House Sunday Evening Recital tickets be approved:—

President of Parliament—One double ticket.

Year V. — 6 Double Tickets, 2 Single Tickets.

Year IV. — 4 Double Tickets, 2 Single Tickets.

Year III. — 4 Double Tickets, 2 Single Tickets.

Year II. — 4 Double Tickets, 1 Single Tickets.

Year I. — 2 Double Tickets, 2 Single Tickets.

—Carried.

ROSS—THOMAS—The allotment of the year's tickets be left in the hands of the year presidents and that they stress the importance of using these tickets.

GARLAND—ROSS—The head of each student organization of the Faculty of Dentistry having a constitution, revise said constitution where necessary and present revision for ratification at the next Cabinet meeting.

—Carried.

FISHER—HOAG—That the action of the Treasurer in paying the following bills be sanctioned:—

S. C. A. Freshmen's Banquet	\$ 17 50
Hya Yaka Stationery	6 83
Stamps and Sundries	3 50
Rent of building for R. D. S.	4 00
Lock Repairs	1 25

Total\$ 33 08

—Carried.

VINCE—HOAG—Varsity representatives in the different years be asked to convene under Mr. Harmer and appoint a chairman who will be definitely responsible for Dental publicity in the Varsity.

—Carried.

ROSS—QUIGLEY—That Cabinet adjourn.

—Carried.

Time—8.25 p.m.

President, A. L. HAYS.
Secretary—E. M. FISHER.

PARLIAMENT

The first Parliament meeting was held in Classroom B. Tuesday, Nov. 3rd, 1925, at 8:30 p.m.

VINCE—HUTCHISON—The minutes of the previous Cabinet meeting and the last Parliament meeting be adopted as read.
—Carried.

VINCE—GARLAND—That the question of Infirmary Cabinet allotment be discussed at next Parliament meeting.
—Carried.

VINCE—HUTCHISON—That Parliament adjourn.
—Carried.

Times—8.45 p.m.

President, A. Y. HAYS.
Secretary, E. M. FISHER.

The Dentist's Dictionary

Chair—What most of us think our dentist should be sentenced to.

Gas—The line of chatter your dentist hands out.

Pull—What the society woman has who breezes into the chair ahead of you after you have been waiting two hours.

Root—Something I would never do for my dentist.

Jaws—What the wife does when you keep putting off that semi-annual visit to the dentist's to have the teeth cleaned.

Dentine—What the dentist does to your salary: for eample—"He puts a dentine your pocketbook."

Nerve—Dominant characteristic of most dentists about the first of the month.
George Bancroft Duren.

The Broken-Hearted Amoeba

The gender of amoebas is a mystifying mess;

Their sex is complicated more than one could venture guess:

One day a boy, the next a girl, through cellular division,

Amoebas propagate themselves by process of elision.

Beneath a microscope I saw a sight for lacrimation:

A poor amoeba sobbing over its transammation;

It split itself in halves and fourths, until its protoplasm

Repulsed its love entreaties, and started in to razz him.

It heaved its little ectoplast, it cried in desperation,

The tears stood out upon its cheeks with beads of perspiration;

And, as I watched, it curled and died, a shudder passing through
it;

It tried to make it love itself, but simply couldn't do it.

Lifes Little Comedies

1 You take her to the Dental dance



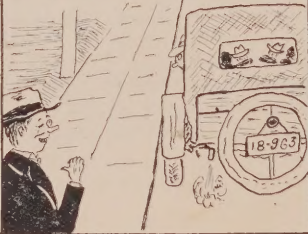
2 and you have a wonderful time, and



3 when standing at the curb for your taxi, you discover you have only four bits left after returning Bills 2 spot when your DOLLAR CAB drives up, and



4 just then Joe drives by; you give him the wink and he says, "Come with us I think there is room for another couple"



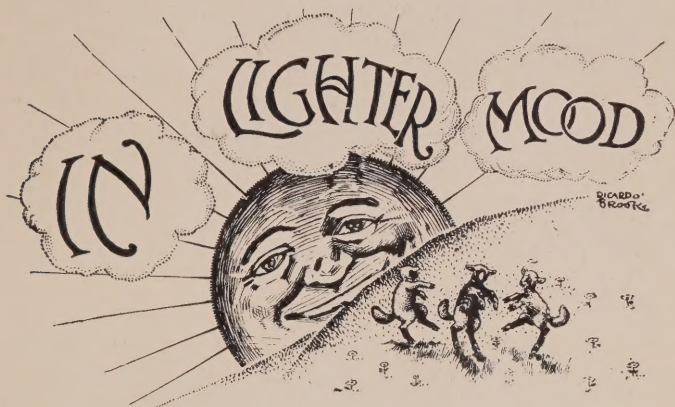
5 you both crawl in over every ones toes and after the car starts you say, —



"Oh say Joe, there was no need of you doing this, we could have taken a taxi just as well."



Andy
2/18



Mutt Warren, our Western tramp, found himself low in funds on one of his tours, and he was finally forced to stop and ask for food.

Mutt, at the back door: "Madam, could you help a hungry man out?"

Landlady: "Well, I might. Would you like a piece of yesterday's rabbit pie?"

Our pet's face lit up and he replied: "Certainly, madam."

"Well," she said, "call around to-morrow, I'm just baking it now."

Our fish-eating friend, Mr. Langstroth, from St. John, states that Hart House is a good eating house, but he also states that he is not only getting round-shouldered from drinking soup, but that in the past few weeks he has drank so much that his stomach now rises and falls with the tide.

The reason why Jackson is our money handler is because he is as safe as the Bank of England. Jackson uses dynamite to keep his hair in perfect order.

2T9 were intending to hold an "Old Boys" smoker, when from out a clear sky four of our best smokers were given a week's holidays. Tough, boys, tough!

A Med. Student: My idea of a good joke is a dentist getting about five teeth yanked out.

A Dent: Yes, I notice most of you meds. live to be old enough to grow a Van Dyke.

He (ardently): "Have you never met a man whose touch seemed to thrill every fibre of your being?"

She: "Oh, yes, once—a dentist."

Heard in Queen's Park

Grah-m—"What if your mother would see us here in the dark?"

She—"Don't worry, my mother is not a cat."

Prominent among the prophetic statements sent forth preceding the day of the last general election was the remark that if the Tories won the election by a conservative margin it would be Meighen of them.

2T8

While Dr. Graham was questioning O'Shaughnessy the other day on the histology of the tooth, Shay stated that even without the aid of the microscope he had often seen Sheaths (sheets) of Newman up where he rooms.

The sage speaks:—

You can't wash with a sponke-cake.

You can't swim in a pool room.

A baker's son is not always a loafer.

No matter how fast a fish-swims, it never sweats, etc.

On account of the wide-spread use of yeast by the young people of to-day, they may well be termed the "rising" generation.

Miss Best—The morning on which essays on "Reception of My First Patient" were to be handed in. "Gee. I didn't quite finish that essay last night. I went to bed before my patient was dismissed."

We hope the patient wasn't too greatly embarrassed.

Patient to McCorkindale, 2T6—"Is that a lady doctor in charge of the Infirmary now?"

Mac—"Oh, no. That's Miss Stark."

Adinell 2T6—"Say, 'Bo'. I sure have a pippin of a kid for the dance—good-looking and everything."

Hainer, seriously—"Does she talk English 'Nifty'?"

First Drunk: Hic. Do you know Bill Johnston?

Second Drunk: Hic—Hic. What's his name?

First Drunk: Hic. Who?

Kohlin (after ill-luck in Orthodontia in lab.): "Why in the deuce do I have to make a Christmas tree. I don't believe in Santa Claus."

Lady Customer: I want a pair of bloomers to wear around my gymnasium.

Clerk: Well, er—madame—pardon me, but what size is your gymnasium?

Fisher (waiting aboard S.S. Cape Trinity): "By the way, sir, that steak you ordered—how would you like to have it?"

Patient Passenger: "Very much, indeed!"

Ross—"Did the laundry man find the cuffs he lost last week?"

McLaughlin—"No, Bill."

Ross—"The shirts are no good to me without the cuffs."

Mac—"Evidently he figured it that way, too. This week he lost the shirt."

Cannot be drowned—"But suppose," they said to McCaffery, "this bill you are so keen about should cause your party to throw you overboard."

"Well, in that case," the young Liberal responded, "I'm quite sure I'd have strength to swim to the other side."

McQueen (at the box office)—"Will ye kindly return me the amount I paid for amusement tax?"

Clerk—"Why, sir?"

McQueen—"We weren't amused."

We are all of the same mould, but some are mouldier than others.

There is one one way to stop a woman's mouth: kiss it.

Up at the Bole, in below zera weather,
When Eskimos kiss, will their lips freeze together?

She to Braden—2T7—"Can you dance this new Arabian Wriggle?"

He—No; I can't stomach it.

The Dean (to Junior)—"Now, what is a pin used for?"

Patterson 3T0—"Well, that depends, Doctor; there are hatpins and hairpins, and—er—safety pins."

Mildred—"Dunn, old dear, I wouldn't know him from Adam."

Dunn—"Oh, but you would; he wears more."

As long as a man is able to keep out of a dentist's chair he may be able to suffer in silence.

Kathleen: "Let's move over a few inches, Earl, I believe there's a nail in this spot we're dancing on."

Freedhott 2T6: "This cold weather chills me to the bone."
Hughes 2T6: "You should get a heavier hat."

Taken—"Does yo' take this woman for thy lawfully wedded wife?" asked the colored parson, glancing at the diminutive, watery-eyed, bow-legged bridegroom, who stood beside 210 pounds of feminine assurance.

"Ah takes nothin'," gloomily responded the bridegroom. "Ah's bein' tooked."—Tit-Bits.

Life is just one damn thing after another.
Love is just one damn fool after another.

Night Watchman—"Young man, are you going to kiss that girl?"

He (straightening up)—"No, sir."

Night Watchman—"Here, then; hold my lantern."

—Black & Blue Jay.

Ted (at the dance)—"Oh, Mildred looks stunning to-night. Don't you love her in that dress?"

Hett.—"Not now; but I will if I sit the next one out with her."

"SHAKE A LEG," CRIED THE STAGE MANAGER TO THE CHORUS GIRL.

"I'm glad you came over. I just wanted to dance the worst way."

"Too bad, Grace, the chaperone's awfully strict."

Dr. Webster is always able to enjoy a joke on himself. Clad in his walking apparel, en route on Yonge Street for Newmarket, he was accosted by a little bootblack. "Polish your boots, sir?" asked the boy. "I don't want my boots polished, my lad," said Dr. Webster, "but if you will wash your face I'll give you sixpence." "A'right, sir," replied the lad. He went over to a nearby fountain and made his ablutions. "Well," said the Doctor, "you have earned your sixpence. Here it is." "I dinna want it," said the boy. "Keep it and get your hair cut."

A Newspaper Story

He hugged her in the dim-lighted hallway.

"Oh," she giggled breathlessly, moving closer. "I never realized the power of the press until this moment."

He kissed Helen.
 Hell ensued;
 He left Helen,
 Helen sued.

—Punch Box.

Peepy Sleepy Stuff

THE ROOM was dim. She sat gazing into the wood fire. He stole up quietly, bent over her and kissed her tenderly.

"Oh!" she cried tremulously and turned toward him. Discovering it was her husband, she finished coldly, "Is that you?"

Thinking over this remark—he, too, was surprised.

"Four Out of Five"

Judge (sternly): "Why did you brutally assault the manager of the Cafe?"

Pat (wrathfully): "Sure an' oi've been ateing his pie fer six months, an' last noight the dentist told me oi had the Pierea!"

"Lizzie" Keeps Mum

If smart sedans and limousines
 And flivers learnt to talk,
 A host of maids who ride to-day
 Would henceforth choose to walk.

Transportation Problem

Griff (walking into store, lounges on counter): "Give me a chicken," he said.

"Do you want a pullet?" the storekeeper said.

"No!" replied Griff. "I want to carry it."

At Dental Dance

Stew—rt(leaving her house): And may I see you again real soon?

She (???): Sure, take a good look right now.

ODE TO 44

Cold water is the best of drinks,
 Tis fit for man or king;
 But who am I, that I should want,
 The best of everything?

Let princes revel at the well;
 Kings at the pumps make free;
 Champagne, and gin, or even beer,
 Are good enough for me.

R. E. N.

A GIGGLE HERE—AND A GIGGLE THERE!

"No," said maw—"all is not gold that glitters! That's Johnny's neck. I just washed it!"

He who slaps last slaps best. It's usually a knockout!

Great oats from aching corns grow!

Monocles are made for folks with single track minds.

A fellow who likes to slap himself on the back—sure is in tough luck when he contracts rheumatism in the arms.

The average woman never knows how fortunate she is. When she has nothing to cry about, she goes and buys herself a shower of tears at a sad movie.

A penny in the hand is worth two—in the gum slot when there's no gum in it.

Wise is the sailor who doesn't let some girl anchor him with the first biscuits she ever baked.

Evening gowns is right. So little of them, the ladies don't dare step out until after dark.

Definition of the word "Fireplace": A cozy spot where a single young man either has his goose cooked for life or—from whence she calls to her ol' man to have him fired out!

They feared him as a man who "gave no quarter." So the deacon noticed when he passed around the collection plate.

How Come?

Funny thing but when you look at the size on the inside of a "swell headed" guy's hat, you often find it much smaller than that of the normal man.

"R. I. P."

Stepping along at a fast pace in the race of life usually leads to a quick finish.

If some people had to lay the bricks they throw daily - - they'd be doing something useful.

No wonder they called him a "live wire." He shocked everybody - by skipping with his boss' payroll.

Maybe Adam Laughed at These

Died Naturally—A Scotsman in the Strand saw a passer-by drop half-a-crown. He dived into the traffic after it, was run over, and killed.

The coroner returned a verdict of "Death from natural causes."
—London Express.

New York judge has ruled a mere "Thank You" is enough of a tip for any service rendered. Try it some time on some big, husky waiter and—get a bowl of tripe in the neck as the "You're Welcome!"

A Swede, applying for citizenship in a Michigan court, told the judge he "renounced allegiance to his wife of whom he considered himself a subject." At last reports, the poor fellow was slowly recovering in a hospital. Yep—his wife heard about it!

Should Have Called His Wife - - Her Nose Knows

His pet pipe gone, a Boston benedict called the police. Figured the latter could bring their blood-hounds along—to trail it by its smell.

Another married bird—in New York City—sent for the cops to stop his wife from smoking. How ridiculum. What did he think the fire department was for?

A Jersey City flapper, whose father slapped her, told the judge that if he tried it again she "would knock him all over the place." The father better take some of Kipling's advice. You know—"for the female of the species, etc."

Approximately 5,000 matches are struck every second in the United States. Of which 4,999 either break or don't light and the wind gets the other one before you're able to use it.

Model Man?

The best dressed man in this country is reported to change clothes eighteen times a day. Speak up, ladies! There goes your record.

A New Brunswick newspaper item says: "a pedestrian was knocked unconscious by hail-stones." Either that reporter got a raise in pay or he was fired.

Men are turning away from cigars, according to government statistics. Getting to the end of their ropes—as it were?

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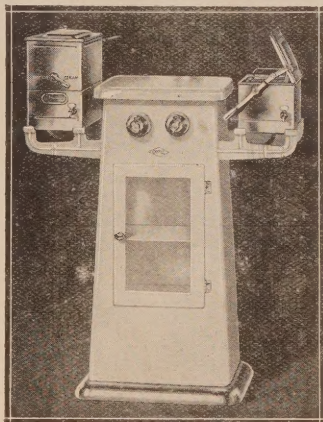
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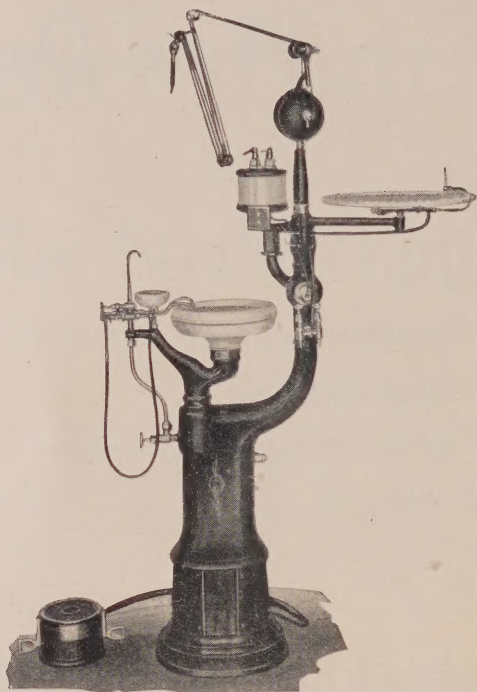
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THE HYA YAKA

Vol. XXV.

December, 1925.

No. 2

A Word of Greeting

Another year has slipped past us in our race for fame, knowledge, success, and the ever-necessary dollar; another year with its worries and joys, its examinations and lectures, its days of study and vacation. And now we find ourselves again in the midst of the Christmas season, that period of the year when all, from the highest to the lowest, forget the trials and tribulations of life with its vicissitudes, to share the anniversary of the birth of Him who died that peace might reign over the face of the earth.

No one can escape the spirit, be he cynic or no; it pervades the four corners of the earth, touching all alike with its sense of brotherhood and love. Even the old miser Scrooge, that wonderful creation of Dickens, could not escape it, but was brought face to face with it at every turn.

To the student it brings many things, but most of all a reunion at the old home. Some, alas, are so unfortunate as to be separated from home by such a distance that it is impossible for them to join their family circle for the holiday. But even these are not overlooked, for the parcels from home, and the kindly interest shown by more fortunate friends, keep alive in them the fact that as long as humans are human, Christmas will be Christmas.

With the beginning of this new term came changes. Our college is no longer a separate organization, but is a recognized faculty of the University of Toronto, and its degrees will consequently bear an additional amount of prestige. Noctem Cuckoo is a past number until 1926, and students are beginning to talk about Dentantics. A new fifth year is making the lives of numerous sufferers more liveable by their operations and explorations, and a new first year has been duly initiated in a most novel manner into our ranks. Our soccer team have made a name for themselves—in short the faculty of Dentistry gives promise of being an addition of which the University will be proud.

But to return to our theme, for this is a Christmas greeting, we wish to impress upon our colleagues the fact that this is the true Thanksgiving of the year. We have a great deal to be thankful for, and though many may not realize it we should.

In the first place we should be thankful for the opportunities

which we, as students, enjoy. True, for some of us, it is a hard struggle financially, but we may be thankful that we have health, and the vigour of youth to aid us. Again, we should be thankful that seven years of universal world peace have elapsed, and may many more follow. From the present appearance of world affairs, it appears that this is to continue, and in all probability we will never see such a turmoil as for several years kept civilization in chaos.

And finally let us be thankful for all the advantages which most of our parents were denied, but which through their efforts and kindly interests we are allowed to enjoy.

In the words of tiny Tim, "God bless us every one", and may our Christmas holiday be a merry one.

Quartz Light in the Treatment of Pyorrhea.

By Isaac L. Folstein, D.D.S., New York, N.Y.

Pyorrhea alveolaris, or Riggs' disease, is conceded to be among the most obstinate of oral disturbances confronting the dental profession. More research work has been performed and less has been accomplished toward relief from this disease than has been done for a great number of other maladies.

o pyorrhea has been attributed, justly or otherwise, almost more bodily ills than the mind of an intelligent man can conceive of, and until it can be shown to the satisfaction of the most critical that pyorrhea can be cured, conditions will continue as they are.

As treated to-day, pyorrhea alveolaris has as yet shown very little improvement. The methods of treatment in use to-day can be classed as follows: 1. Surgical. 2. Prophylactic. 3. Correction of occlusion. 4. Constitutional.

Let us consider each of these methods of treatment carefully and I believe we will arrive at the reason for the apparent lack of success met with in the treatment of this disease.

Surgical Method of Treatment

The surgical method of treatment as performed to-day requires the removal of all the tissues lying between the neck of the tooth and the tip of the alveolar process as revealed by the x-ray. In this way, claim the advocates of this treatment, will pyorrhea, already acquired by approximately seventy-five to ninety per cent. of those who have attained the age of thirty and over, be cured.

The disadvantages of this treatment are quite apparent. There comes first the severe laceration of tissue. The general practitioner will be shocked at the amount of soft tissue that at times has to be removed before the tip of the peridental membrane can be reached.

Can one imagine the results of this work in the hands of an unskillful operator?

In cutting away the tissue around the roots, the cementum is exposed, and knowing the sensitiveness of the cementum, how do our surgical specialists propose curing it?

Admitting that at the time of the operation the work is done quite painlessly, what about the time when the anesthesia passes? What about the hemorrhages? What about that great danger, infection? We all know the failings of human nature, that all people will not always obey the surgeon, and considering the habitual unhygienic habits of some of our patients, how can we even dare to leave ourselves open to the possibility of such consequences?

And yet we have not taken into account the possibilities and the consequences pertaining to shock, hemophilia, old age, etc. Considering all these factors, and allowing for all of these disadvantages, what proof have we that the results obtained will compensate for the possible untoward results? At best, we can say that some cases have improved, but what about the others, the greater, nay, the far greater proportion?

The Prophylactic Method of Treatment

The prophylactic method for the cure of pyorrhea alveolaris is the one most in use today. Every dentist uses some form of this treatment. Many of the dental supply companies have produced from time to time different creams, lotions, ointments, caustics, and what not, to be used in conjunction with scaling, claiming for them certain results which subsequent experience has failed to substantiate.

The method in vogue generally in the profession today is this: The teeth are first scaled with special instruments devised for the purpose, all loose teeth are extracted, overhanging bridges, crowns, and fillings are removed. The operator then uses some medication around the gingivæ or in the pockets, applying it either with a syringe or a dropper or blunt-edged instrument. Many operators stop here and claim that they have thus relieved the disease, but others, more energetic, follow this treatment with massage. Some use their fingers and massage the gums, others use rubber bristles that fit on the finger in the manner of a glove finger-tip, and still others use the dental engine with some vibrator attached.

And what may we expect from this treatment? The results obtained are usually not lasting, if the tissues do at all respond. The pockets around the roots of the teeth are not obliterated. It may be that the gums lose the deep redness or purplish appearance, but the condition returns after a time, because the source, the cause, has not been removed.

This entire treatment, even though it generally takes months, is nothing but a general prophylactic treatment. It is nothing but a good cleaning of the oral cavity, without regard to causative factors.

The Correction of Occlusion Method of Treatment

Still another method used for the curing of pyorrhea is the correction of occlusion. There has arisen a group of men who claim that pyorrhea is not a disease at all; that pyorrhea is merely a manifestation, a symptom of something else. They explain the conditions as due to the fact that some other tooth, antagonistic to the one showing the signs of what we call pyorrhea, is in some manner or form not occluding properly with it. That because of this poor occlusion, the tooth has delivered upon it a severe blow every time contact of the teeth takes place. In other words, that malocclusion produces trauma, and that trauma produces the manifestations we are pleased to call pyorrhea, and that by removing the cause by grinding the occlusal surfaces of the teeth until they supposedly have produced the proper occlusion, they show us how the symptoms disappear; the pockets disappear, the pus does not flow, the bleeding spongy gums have become pink and firm, the teeth tight, and the patient well; all by the mere grinding away of the occlusal surfaces, by the removal of overhanging bridges, and other sources of trauma or malocclusion.

Is not the average practitioner privileged to know how the advocates of this method know when they have attained the proper occlusion? What is meant by a proper occlusion? How far must the cusp of one tooth occlude in the sulci of its antagonist? Can anybody lay down a hard and fast rule in this matter? And how many people today have a proper occlusion?

Every dental practitioner today knows that hardly any one has proper occlusion, that one tooth strikes harder on its antagonist than does some other teeth, and therefore we all have pyorrhea, according to these advocates.

Constitutional Method of Treatment

Finally we come to the mode of treatment called the constitutional method. The entire treatment is based upon the supposition that pyorrhea is merely one symptom of a bodily disease, that because the vital resistance of the individual is lowered, pyorrhea manifests itself.

The advocates of this theory claim that when the body resistance is again brought back to normal, that symptom which we call pyorrhea disappears. They proceed to bring this about by certain forms of dieting, together with co-operation of the individual with the physician, who undertakes the restoration of his health.

True, when the vital resistance is lowered, one is apt to acquire many complications, but to assume that pyorrhea is a direct symptom of a lowered resistance is, to my mind, far fetched. Pyorrhea as a disease must be cured independently of any other disease. It must be taken in hand as soon as it appears, and it happens to appear, as everyone must agree, not only in the mouths of the persons suffering from other ailments, but also, in fact most often, in mouths of those who are quite free from any other bodily affliction.

Quartz-Light Therapy in Pyorrhea

Having reviewed the different methods of treatment, observed the various disadvantages of each, and realized the uncertainty of results in each method, it became a matter of necessity to arrive at some method which would procure results, not in the isolated cases or in the incipient cases, but in practically all cases.

The method that the writer will here describe has been used by him for two years, with what results will be seen. Its keynote is simplicity.

Quartz-light therapy or ultraviolet radiation is the method chosen by the writer. This paper is written to show that this method is the only one which has given in the writer's hands consistent, favorable results as a cure for pyorrhea.

Quartz-light therapy is the use of the actinic ray, or what is called the ultraviolet ray, in the field of medicine. It is called actinic because it causes chemical action and also ultraviolet because it belongs above the visible violet in the spectrum. It is an invisible ray, being measured in Angstrom units, and has as its marked characteristic a therapeutic property which today is being used so much in medicine, and which I have found so successful in pyorrhea.

It is a known fact that the sun also gives off ultraviolet rays, and we have all heard of the famous sun baths given by the various tubercular institutions and the gratifying results obtained by them.

The use of ultraviolet radiation is not new in dentistry. In medicine it has been used for years and has proved its worth so conclusively that today it is an accepted therapy. I do not want to go into its various uses in that field; suffice it to say that it has today its place in every institution of note.

The action of ultraviolet rays is based on the facts that:

(1) The internal organism is relieved by the blood being drawn to the surface of the skin.

(2) The red corpuscles, after having received an increase in their energy content from the light radiation, carry away to the cellular elements of the body an increased amount of oxygen, and carry away from these cellular elements an increased amount of toxins.

(3) The stimulation of calcium and phosphorus metabolism, or, in other words, stimulation of the formation of bone-tissue growth.

(4) The destructive effect on bacteria, the fact that bacteria cannot live and thrive under the exposure of the ultraviolet rays.

With the possible exception of persons suffering from diabetes, ultraviolet radiation results in the raising of tissue vitality, bodily resistance, or, as it is often called, vital resistance.

The chemical action of ultraviolet rays on the blood stream is such as to cause the hemoglobin to absorb the ultraviolet rays freely, increasing thereby the oxygen content of the hemoglobin.

The power of the ultraviolet radiation to produce an increase of

calcium and phosphorus metabolism and has been demonstrated by many workers. Children suffering from rickets have been given the rays, and after a period of treatment x-ray photographs have been taken and compared with those taken before the treatment had been begun, and a marked calcification of the ends of the long bones has been observed.

That the ultraviolet ray is germicidal is very easily demonstrated. A Petri dish with a thick growth of various bacteria has been exposed to the rays, and the result when examined showed a complete destruction of these bacteria. This can be demonstrated as well on the body. The rays, if directed to any infection of the skin will in a very few treatments completely destroy any bacterial invasion thereon, and clear up the infection at the same time.

The method adopted by the writer for the treatment of pyorrhea is as follows: An x-ray examination of the teeth is first made, and all pathologic facts noted. Should the photographs show that bridges are impinging on the soft tissues, or fillings improperly placed, with their margins pressing on the gums or on adjacent teeth, these are removed.

The next step is scaling. All deposits around the necks of all teeth should be removed thoroughly. It is advisable to enter as deeply as possible below the free margin of the gums with very fine scalers and remove as much as can be detected of the deposits there found. Scaling as thoroughly as possible is important, because when tissue reparation starts we want no obstacles in the way, and deposits are great obstacles. It has been claimed by several using quartz-light therapy that deep scaling is not necessary, because in the process of tissue repair, induced by the rays, the deposits are destroyed and absorbed. Nevertheless, the writer does advocate the removal of deposits for the reason above mentioned, and also because of the time factor, healing taking place much faster.

Scaling having been accomplished, we now begin our ultraviolet radiation with the Kromayer lamp. It is imperative before beginning radiation that the lamp be allowed to burn for five minutes. The reason for this is that it requires fully five minutes of burning before the lamp has reached its full strength. The proper applicator having been adjusted to the lamp, it is placed in the mouth, with the tip of the applicator directly on the spot to which we want our rays directed. The applicator is held against the soft tissue under gentle pressure. It is essential that pressure be exerted continuously while that area is being rayed, because of the fact that ultraviolet rays penetrate only a few millimeters below the surface of the tissue, unless the tissues are dehematized by pressure.

In all ultraviolet radiation, the writer uses a timer, constructed like an alarm clock, with a bell attachment. Just as radiation is begun, the clock is set and at the proper moment, the time having expired, the alarm is sounded and the lamp is removed from the area

treated. The time factor is a very vital one in all this work, because the ultraviolet ray will produce a burn, and if left too long a blister. It is essential that the time should be considered. The writer has adopted this time schedule. At the first treatment the lamp is held in position for one minute at each area that it is desired to treat. No more than three or four teeth are treated at the one time, and each area is treated both facially and lingually. A second visit is then arranged for, about two days later, and the same areas treated with the same pressure as before, but now for two minutes each. The patient is again dismissed, and another visit is arranged for and the same areas again treated; at the next visit, in the same manner, but for three minutes each, and so on, until the patient shows a burn or blister formation or a marked improvement. Should the patient return with the burn or blister formation, radiation should not be given at that visit, but the patient should be instructed to return in about a week, when radiation may be continued at the same strength as when last administered. The patient will not blister again, and the time can again be increased as before with each subsequent visit, until a marked improvement and, finally a cure has been effected.

In the early stages of treatment, the writer desires the presence of his patient about three times a week, that is, every second day, allowing time for the reaction induced by the rays, which takes place in about four or five hours, and time for subsequent restoration to the normal after this reaction. As the treatments continue, with the longer exposures to each area, the visits are curtailed to two per week, or one every three days, it then requiring more time for the complete reaction to occur.

The reaction that occurs after light therapy is easily noted. About four or five hours after treatment a slight tingling or burning is felt in the area treated. Dry lesions present no visible changes, but moist surfaces, such as bleeding or secreting wounds, begin to dry up after a few hours. About two hours later, the part treated turns red. This redness, or erythema as it should be called, will persist for two or three days, when it will disappear, and on the epidermis it is followed by a tanning. If the exposure has been too long, a blister will appear just as in sunburn, and the severity of the blister is proportional to the time of exposure; the longer the exposure, the larger the blister. Tanning is due to pigmentation. The tanning is not very distinguishable on the mucous membrane of the mouth, but it is quite apparent if the exposure has been made on the epidermis. Blistering should cause no apprehension, for these blebs disappear after two or three days and the skin peels away.

Owing to the increased degree of immunity produced by repeated treatments, subsequent exposures do not produce burns but only a deeper tanning; but should long intervals of time elapse between treatments, the effect of an exposure will be the same as after the first treatment.

It is important to bear in mind that no local or systemic injuries

can result, due to even excessively long exposures. As stated above, the rays can only penetrate a few millimeters of body tissue and, unlike the x-ray, no deeper organ can be injured. No matter how large the bleb, no scars are left as a result of it. The ultraviolet rays, even though they produce intense inflammatory reactions in deeper tissues, do not completely destroy the overlying tissues of the epidermis, so that a certain number of cutaneous cells are permitted to remain, which have the power of preventing scarring. Ideal cosmetic results always are obtained, due to the superficial action of the rays.

It is true that the surface of the skin at first reddens and then tans, sometimes quite deeply, but in time this tan or redness fades out to the normal color of the surrounding tissue.

The pain incidental to the erythema or bleb formation varies in each instance with the individual treated. Some will take to it very kindly, others, those of a nervous temperament, will create quite a furor, but even these, of cautioned before the exposure and told that no harm can ensue, will be calmed. The pain is never such as to be really severe.

There has not been reported a case of hemorrhage as a result of long exposure.

After a treatment has been concluded, the patient should be particularly instructed not to use soap or water upon the areas. The use of these interferes materially with the proper formation of crusts, which are so necessary with protracted treatment. Scab formation, when it does take place, is nature's own method of protecting the treated areas. When this crust is formed, it should not be interfered with.

In patients whose general surroundings and bodily condition are unhygienic, precautions should be taken that no secondary infection sets in.

In the event of an unusually large bleb formation, which may become unduly painful due to tension, it may be carefully and aseptically opened at its base, but it should not be interfered with. Should the bleb rupture of its own accord, a mild non-irritating dusting powder or lotion can be applied. Care should be taken in all this that no suppuration should be caused, as this would naturally retard the healing process.

When secondary infection does take place the crust should be entirely removed and the area treated with boric acid.

The results obtained from the treatment as described are indeed very gratifying. Depending on the severity of the case, results are both rapid and sure. The very first thing noted is the eradication of pus. This is generally seen after about two or three exposures to the light. The next thing noted is the steady diminution of the puffiness of the gum until, with continued treatment, this puffiness entirely subsides, leaving a pink, firm gum. The pockets gradually close; the teeth, previously loose, slowly tighten; the recession of the gum margin is arrested and entirely ceases. The results can be seen in all

cases. The writer is compiling a group of x-ray photographs showing the development of new and healthy peridental membranes around teeth while under the process of radiation.

With these points in view, can one question the preference for quartz-light therapy over the various methods first described? The fact that no surgical operations are necessary, that pain is practically eliminated, that the results obtained are positive, that the absence of secondary infection and suppuration resulting from unhygienic conditions of the individual, etc., are practically assured; that bleeding will not occur, that the possibilities of shock are avoided, and that even carelessness on the part of the operator can do no more harm than produce sunburn, which is only temporary and lasts only for a few days, that the entire treatment has a beneficial effect on the body tone—all these factors are very convincing that quartz-light therapy is much to be preferred to any other method now in use for the treatment of pyorrhea alveolaris.

Ultraviolet radiation, besides giving such remarkable results in the treatment of pyorrhea alveolaris, is applicable in other fields of dentistry. In the treatment of Vincent's infection or trench mouth, because of its decided germicidal qualities, the ray is practically a specific. In post-operative treatment in deep and extensive surgical work, its value has been demonstrated. Deep penetrative radiation results in a pouring out of lymph and leukocytes, the former continually flushing the affected areas, and the latter, by action of phagocytosis assisting in the removal of the products of inflammation, thereby producing a rapid formation of granulation tissue. The rays are also of advantage in deep surgery because of their analgesic effects acting on the cutaneous nerves. Nerve irritation is at once reduced, and a great deal of pain is avoided for the patient.

In post-extraction the rays are a decided factor because infection is prevented and healing is rapidly promoted by the formation of granulation tissue.

In conclusion, the writer desires to emphasize the following factors in the minds of his readers:

- (1) The ultraviolet rays are antiseptic.
- (2) The ultraviolet rays are bactericidal.
- (3) The ultraviolet rays are markedly analgesic.
- (4) The ultraviolet rays are promotive of general metabolism

by stimulating cell activity, by the promotion of phagocytosis, exerting an oxidizing action in the blood.

The entire mode of treatment by ultraviolet radiation has a marked appeal to many patients because it involves no pain or discomfort and because of its positive results. That great class of patients, who through fear, temperament, general constitutional disorders, such as tuberculosis, etc., hesitate to visit the dentist, may be greatly benefited by the use of this form of therapy.

264 East Broadway.

Reprinted from *The Dental Cosmos*, Feb., 1925, Pp. 153-158.

PRACTICAL SUGGESTIONS

Believing that many students will read short, helpful hints on dental problems in Hya Yaka when they will not take the trouble to look them up in text books, we are going to print a few such brief articles throughout the coming winter. Any help our professors or demonstrators can give in this direction will be gratefully appreciated by the editor.

DETAILS OF TAKING A WAX PATTERN

Heating the Wax

Wax should be heated in a bath of water about 130 degress Fahrenheit, and thereby brought to a plastic stage. Do not destroy the desirable qualities of the wax by exposure to an open flame. Superheating of the wax is always done when exposed to the flame, thereby destroying some of the essential properties of the wax.

The Impression or Pattern

Place the plastic wax into a matrix, using thin material (Taylor's seamless bands and band stretcher), and apply steady pressure on both band and wax until brought to a point which you feel is sufficient to give a complete reverse imprint of the cavity. Although the wax may go down to the gingival under first pressure, steady pressure must be applied for fully forty seconds, when creepage of the wax will have stopped. The reason for continuing the pressure so long is because wax will go down to the gingival upon first pressure, but the rebound will draw it back up from this point, giving a reverse copy of the gingival, which, though it appears to be correct, will not be seated properly. This explains why so many castings are short at the gingival.

Examination of Pattern

Remove the wax and examine carefully to see that you have a reverse imprint of the cavity in full detail. If it is lacking at any point, soften the wax by immersing in the same water bath and repeat the operation as before to bring out full details. At this time it is a good plan to chill the pattern with cold air. Do not use cold water at it would give too sudden a shock. With the aid of a magnifying glass you can detect undercuts which will show up by a drawing of the wax when removed. It is only the finer undercuts that cause so much trouble, and these sometimes require a glass to be detected.

Carving

After being satisfied with the basic impression of the cavity, take a sharp instrument, slit the band, removing it from the wax and place the wax pattern back into the cavity. Finish the carving with delicate instruments to the desired form, and with the aid of China Silk strips, polish the wax to a fine surface. You will find a Cotton Pellet, dripped in oil of cajaput, pressed out until only vapor

remains, an aid in finishing. Wipe pattern carefully, but do not use a saturated pellet.

The Sprue

Now remove the wax pattern from the tooth by either attaching the sprue while the wax is in the cavity, or after it is taken out, whichever is most convenient. The sprue should be of straight material so as to avoid a tapering sprue hole.

TO REMOVE AN INLAY

An easy method of removing inlays which must be removed for some reason is as follows:

This applies to large inlays such as mesio-occlusal, mesio-occlusodistal or disto-occlusal, etc.

A small hole is drilled at the cervical junction of the inlay and tooth with a small bur. The Cleveland dental crown slitter is inserted at this hole, and the inlay will pop out like a cork from a bottle.

This method will save an hour's hard drilling to remove the inlay.—Irving W. Margulies, D.D.S., in *Dental Cosmos*.

SLIPPING BELTS

Nothing, perhaps, in the day's work of the dentist is so exasperating as to have a good, sharp, new bur stop cutting on account of a slipping belt. A little violin rosin held to the belt while in motion will immediately remedy the difficulty.—S. D. Klaus, D.D.S., in *Dental Cosmos*.

AVOIDANCE OF GINGIVA OVERLAPPING THE FACE OF A ROOT

A good method of avoiding the use of a pin and temporary stopping between sittings in order to prevent the gingiva from overlapping the face of a root which has been prepared for a Davis, or similar crown, is as follows: Mix up some zinc oxide and eugenol to the proper consistency (thick paste) and incorporate in a pledget of medicated cotton. Then pack carefully in the root and over the face of the root. This will harden shortly afterwards. The substitution of the impregnated cotton for a pin eliminates the danger of the pin loosening and being swallowed.—(Nathan Leslie, D.D.S.), *Dental Record*.

TRIOLET

Warm brown maiden, kindly weed,

I hail thee, Lady Nicotine!

At daybreak's close, when nerves are keyed,

With lights turned low, I love to read,

Alone with you, a pal indeed!

—A pal of glowing, friendly mein,

Warm brown maiden, kindly weed,

I hail thee, Lady Nicotine.

GEEDEE.

THE HAZARD OF KISSING

Kissing is an extra-hazardous occupation, according to Dr. D. B. Armstrong, prominent life insurance man. He classifies it with railroading, stone-blasting, suspension bridge building, ballooning and other risky forms of endeavor.

Dr. Armstrong says the danger of the kiss varies with the time of day. In the early morning it is full of peril. Along toward noon it is still risky. A kiss around four in the afternoon may be taken with a reasonable regard for health. By theatre-hour kisses are beginning to become quite safe, and the midnight kiss is as good as if it had the pure food label on it.

This is explained on the ground that germs use the lips as community parking places while humans sleep. In the early morning hours these germs are very testy. They resent being disturbed and particularly resent being kissed, especially by strangers.

It is good business for a man to do his kissing later in the day because as the day wears on the germs scatter and go into new territory. Some of them remain but they grow more and more listless until by night they don't give a hang about anything.

The attitude of a kiss germ after 7 o'clock in the evening is something like this: "Oh well, I've looked after her all day and I'm all fagged out. Now if she wants to go kissing and get malaria or Spanish influenza it's her own lookout!"

"What peeves me," declared a prominent germ-about-town-to-day, "is that in all this talk about what germs do to a kiss, nobody says a word about what kisses do to a germ!"

"A lot of these kisses make a germ awfully sick, and some germs are practically ruined for life by them. These little scrubby mustaches make me feel the worst!"

"Still," concluded the prominent germ, "it ain't the kiss that distresses us germs so much as the conversation that goes with it. Some of the silly chatter a pair of spooners spill before and after kissing is what knocks me for a row of isolation hospitals."

"I'm only a young bug, but I'm practically a broken-down old coldger just from listening to this stuff!"

"Take my father, for instance—he was one of the best la grippe germs of his day. He died very young, and it was a horrible death. He was doing nicely in a girls' seminary when he determined to branch out and see the world. He moved to the lips of one of these Spanish moving picture actresses when he was only fifteen days of age."

"Well, she was cast in one of those five reelers in which there is a big scene where the impassioned French hero kisses her for four minutes while the orchestra plays the Song of Vesuvius. Well—" but here the germ broke down completely.

"Gwan and tell your story," a bystander commanded.

"Well," the germ resumed between sobs, "my father did not have his asbestos suit on and he was burned to death."

A NOBLE AMBITION

I'd like to be a dentist and I'd like to have the tough
Who bullies weaker people in my chair;
The big and brutal fellow who is riotous and rough,
With a solid mass of bone beneath his hair—
The chap who pulls the beak
Of the small man who is meek—
Oh, I'd like to give him all that he could bear.

Another irksome fool on whom I'd like to operate
Is the chap who hangs around to snoop and pry,
Whose presence is offensive, whose impertinence is great,
Who is always asking how and when and why;
Who wants to know your age
And your plans and weekly wage—
Oh! I'd like to make him wince and squirm and sigh.

I should like to do some boring in his teeth who boasts that he
Wouldn't fear to meet the devil in the night:
The fool who says he never has learned what it is to be
The luckless dog that's under in a fight.
Oh, I'd like to prod and bore
Till I make him writhe and roar,
And I'd notice his contortions with delight.

I'd like to be a dentist and be treating him who makes
His profits out of work that children do,
It would be a holy pleasure to contribute to his aches,
To watch him while the drill was breaking through.
I should like to see the tears
Dripping from his jowls and ears,
And I'd find it sweet to overcharge him, too.

THE BARD'S RETURN

Methought ere this the Fates' cruel shears had cut my wonted
span of years—that I had run my course. Long since I hung my
festive lyre upon the wall beside the fire, to dream without remorse.
My poesy of yesteryear is now beyond my grasp, I fear—my muse
is cold and dead; and yet I feel my fancy stir within my heart as if
it were asleep awhile instead.

From off my couch I rise with pain and take my harp which
long has lain forgotten and alone. Its strings with tenderness I
stroke, my dormant muse once more invoke for me last doleful
poem.

With fervent hand I thrump my lute, my wak'ning fancy 'gins
to shoot, my wonted strength returns. I ponder loves both new and

old, some smouldering still, some dead and cold, and all within me burns.

I take my way outside my cave and high my snowy beard I wave, so full of vim and joy. I gambol like a new-born lamb, forgetting wholly that I am so meek, not anything like a boy. I think me then of yesterweeks, when Mildred, surnamed Best, ran thrice times our whole block to get attendance with the rest. But ere I pondered two steps more, a vision by me passed; "Great Caesar!" said I to myself, "old Nurmi's back at last." Methought—My but he's changed; he is so tall and slight; now I'll just hurry down the street and to see him once again I might. With bounding leaps and sprawling strides, I lengthened out my pace and arrived there just in time to see, not Nurmi, as I thought, but Peterkin, to finish up the race.

I wonder as I look about, that Cupid's bowstring's not worn out; he's shot so many darts, and one of them has found its mark and struck the all-consuming spark in Urie's heart of hearts. His cabin's walls were bare before Cup. aimed—now snaps they say of modest Kathleen are stuck about his den, 'n'a banner with the potent clause: "I suffer for a worthy cause"—you guessed it, he's the "men."

Bill Snodgrass, and "Army," too, are stepping some. It's strange to say that ones so numb should hit the shemale trail. They're doing nicely, so they say, across the campus way—at least, so runs the tale.

Curious people, funny deeds, why just inside the College door was one—D. Scholes, so all confused, that in her rush she knocked me flat upon the floor, and said: "Excuse me, boy, I didn't see you there before." A good Samaritan passing by—a patient, I presume, from expression of his eye—helped me up again, but, alas, my lute-string parted from the strain, my fancy falls to earth again, all travel-torn and scarred. No more I'll rise to heights sublime; once more I realize I'm an old and feeble bard.

My harp with care I'll lay away; its frame may rust and strings decay upon my hovel's beams. I cast myself upon my cot, at peace, contented with my lot, and dream mine ancient dreams.

MY CREED

I would be true, for there are those that trust me;

I would be pure, for there are those who care;

I would be strong, for there is much to suffer;

I would be brave, for there is much to dare.

I would be friend of all—the foe, the friendless—

I would be giving, and forget the gift;

I would be humble, for I know my weakness;

I would look up—and laugh—and love—and life.

Biographies

"Tempus Fugit" the ancient poets used to say, and it certainly seems true when we look back upon our freshmen days. It's now our turn to write autobiographies for Torontonensis, and Leonard James says he wants something original and a little above High School standard from you fellows. We fear that these are usually stilted and formal and hardly portray their subject's true character and idiosyncracies. We here submit one which is thought to be more true to life and which we would not fear to exhibit to the celebrated judges of the University of Michigan.

Obituary Notice for Dentanensis

Adam Thursti Feeder.

Born somewhere about 1900, but did not really begin to live until 1921, when he entered R.C.D.S.

Always a bit of a daredevil and once smoked a cigarette in the Hall. His shrill whistle could always be heard above the other "would-be song birds" in the Labs, and whenever he stopped whistling he immediately assumed that winning smile which endeared him to us. It was an education to see him lunching at Hart House, and he actually gave a clinic on his method of securing a second glass of milk from the waitress. He was not much good at extracting, but he perfected a method of obtaining impressions with artificial stone. He was really very keen on Othodontia, but hid his eagerness under an assumed policy of laissez faire. On one occasion he attended a Students' Parliament meeting.

Favourite Hobby—Coming late to lectures.

Sporting Activities—Parlor rugby.

A most remarkable characteristic was that sometimes for days on end he never borrowed one instrument. We grieve to relate that early in December it was found that a pulp in one of his lower anteriors had undergone fibroid degeneration. It was removed and with all due antiseptic precautions the root canal was filled. Unfortunately, a periapical rarefaction occurred and death was almost instantaneous.

"Uneasy lies the head that wears a crown."

Rambling Rattles

Dear Gussie:

Just starting to settle down to work now. Things were rather slack the first month, but now. Whew! Hardly have time to report to Mr. Lucas for attendance. Everyone is putting in their spare time on the technique case Doctor Cole so obligingly provided for us. In fact, it is the one absorbing topic of conversation and in the senior lab—that one question is repeated scores of times a day. “Is that your technique case?” Lathes are in great demand. In fact, to say the demand exceeds the supply puts the matter mildly. Most times there is no supply. I heard somebody complaining about Doc. Graham the other day. It’s really too bad, you know. We only go to lectures to get our attendance and read the morning paper, but this Path fiend will insist on trying to teach us something about the subject and actually asks us questions. This isn’t really so bad in our lectures, but, gosh! you’d think he would give us some peace at our labs. We come up tired out after clinics and infirmary work to sit in a nice, warm, darkened room, presumably to look at lantern slides. Many of us sieze the golden opportunity for a nap, only to be disturbed by a friendly neighbor’s prod and be faced by some embarrassing question the answer of which we haven’t the vaguest notion. It’s most humiliating! It was really rather amusing the other afternoon. You know the slides are projected on the wall and the plaster has all become splochy near the ceiling. Well, Miss Riddle was demonstrating a slide and pointing at the screen in that calm, deliberate way of hers she said, “Up there you can see large areas of decalcification.” I heard about one poor 2T7 who was being put through by “Webs” the other day. He had become a little flustered and in response to a query stated that in his opinion the central incisor was “piescent.” Some of the seniors are getting pretty good at yanking under gas. One who is a noted sentimentalist was heard, as he swiftly parted the patient from his natural denture, to murmur, “She loves me: she loves me not.” The nurses who are usually famed for the howlers they make have got along exceedingly well this year.

The only atrocity worth mentioning was when we were told the anaesthetic was all ready in the “minimum” glass. I must tell you about one incident that occurred in the early hours of Saturday, Nov. 28. One of the revellers was rambling round the corridors of Hart House and it would have been charitable to presume that his condition was due to excessive weariness. But he seemed to be talking about Prosthetics and as I always was a whale for knowledge, I lis-

tened—"Pickle . . Polish . . and . . Anneal. Yuss! I'm An Neal alright. Pickled in alcohol."

Yours ever,

ILLILIWA.

Young people cannot be too careful about meeting strangers. Some of the flaming youth of to-day have a precedent for getting a knock down without the aid of outside friends, as in the case of Jacob and Rachel. Jake and his sheba weren't college students, which, we say, explains a lot.

It seems that Jake was at the spring of Haran, the Saranac Lake of Palestine, after water. This was not unusual, as may be his engine was running dry or boiling over. One can never trust a Ford. Then along came Rachel, presumably to draw water, probably for drinking purposes, as that section of the country was not struck by the 18th Amendment. Naturally as Jake wasn't a commercial traveller or agent for so-and-so's encyclopedia in twenty volumes, one dollar down, they hadn't met before. Sophisticated Susie! How romantic!

According to authority we relate—"It came to pass that after he had drawn water at the well of Haran for Rachel (polite bimbo), Jacob kissed Richel and lifted up his voice and wept."

What he wept for is not stated, we notice, but the best of 'em are apt to be overcome with emotion in trying times. There is no doubt that Jake was a fast worker. In these days, if such a thing occurred and the girls' mother was witness to the violent outburst of tears, she would no doubt become offended and escort the daughter right home, take her across her knee and box her ears soundly.

There are various theories as to the cause of Jacob's weeping on this occasion. Ko Respondent, one of the best divorce lawyers in the country, gives the opinion that Rachel might have been eating onions.

Nuff sed—and as the telephone operator is intimating that we are talking overtime, we'll cut it short. Cheerio!!!

X.Y.Z.

ONE ON ZACHEIM

A student should know that just because he has big feet doesn't mean that he's in good standing.

Doctor: Your throat is in bad shape. Have you tried gargling with salt and water.

Anger: I should say. I've been ship-wrecked twice.

Mike O'Brien: Oh, Milly, sit near me. I need inspiration.

Milly: No, sir. So do I.

Dental Service

"DENTAL SERVICE"

The first essential necessary for a successful hospital dental service is complete co-operation between the various hospital services, such as: Medical, surgical, and X-ray departments. The great truth that "Oral foci" of infection has a tremendous bearing on general systemic pathological conditions must be admitted by all the services in a hospital.

There is a great difference between a hospital dental clinic and a hospital dental service. The former is merely part of the latter. There have been dental clinics in hospitals for a number of years, but a Dental Service in a hospital is something quite new—at least, here in our own city.

Our hospital dental service is divided into two departments—"Out patient" and "In patient." The "out patient" department has a two-fold object. Firstly, to co-operate with the various other out patient departments, in rendering physically fit those patients who do not remain in hospital. Secondly, it renders a service to that section of the community who, through financial inability, would otherwise obtain no dental treatment. The great majority of these patients are ignorant as to the value of dental service, or importance of oral hygiene, but this lack of knowledge is soon replaced by an appreciation of what a real dental service can do for them in restoring health. The slogan for our out patient department is: "The most good for the most number of people in the least possible time."

The majority of patients are referred from other clinics, while not a few come primarily for dental treatment only. All patients, on admission, are sent through the medical clinic first, where urinalysis is done, also the Wasserman test, and temperature, pulse, respiration and blood pressure noted. A complete medical history is charted. This enables the dental clinician to view patient from the medico-dental aspect. We are dealing with patients who have some pathology (other than dental pathology). Hence, we keep ever before us the necessity for removal of all foci of infection, which comes within our field. The number of teeth extracted at one time depends on the state of health of the patient, age, sex and particular disease patient is suffering from. For instance, in diabetic cases one or two extractions at a time is all we permit. We must ever remember that opening up too many foci of infections in patients suffering from systemic diseases often leads to disastrous results.

Part of our work has to do with restoring mastication—such as denture work. The patients are instructed along oral hygiene. It is not enough that we remove pathological conditions in the mouth, or that we replace lost dental organs, but we must go a step further and teach these people the necessity for keeping the mouth in a healthy condition. These patients will not always be depend-

ent on hospital dental service. Some day their financial position may permit many of them to seek their own private dentist. If, in the meantime, we have educated these people along oral health lines, we feel that we are actually making good patients, who will appreciate dental service from private dentists in all parts of our city and elsewhere.

The clinicians are trained to view a mouth as an integral part of the human anatomy, rather than so many teeth, developing a dentist who is not an artisan, but a specialist in a great healing art. The hospital affords a wonderful field for coming in contact with such conditions as Vincent's Angina, syphilitic lesions, and malignant, and non-malignant growths.

He is also trained in taking of cultures, and recognizing various bacteria under the microscope.

The "In patient" department is confined mostly to relief of pain and removal of foci of infection. All patients are provided with a tooth brush and instructed in proper use of same. On admission, they have a thorough dental examination and findings and treatment suggested are charted on a form and attached to the other history charts.

We find that sixty-five per cent. of all patients admitted require dental service. Statistics are kept pertaining to relativity between oral foci of infection and such systemic conditions as arthritis, neuritis, diabetes, endocarditis, chorea, etc.

Work is being commenced in our pre-natal clinic relative to blood calcium determination.

WILLARD ARMSTRONG, D.D.S., I.D.S.

THE MOTTO OF THE DENTAL NURSES, 2T6

Yield not to flirtation,
For flirting is sin;
Each sister will help you,
Her brother to win.

Fight steadily onward,
Dark corners pursue;
But look out for "____"
She'll make 'em skidoo.

I'd rather be a Could Be,
If I could not be an Are,
For a Could Be is a May Be,
With a chance of touching par;
I'd rather be a Has Been
Than a Might Have Been by far,
For a Might Have Been has never been,
But a Has was once an Are.

THE HYA YAKA

Honorary Editor—DR. A. E. WEBSTER.

Editor-in-Chief—J. R. HOAG, 2T6. 240 College St. Res., 310 Huron St.
Phone Tr. 5702.

Business Manager—R. W. HUGHES, 2T6, 679 Spadina. Phone, Trin. 8719.

Ass't Bus. Mgr.—W. J. ROSS, 2T7. 633 Spadina. Tr. 9331.

Secretary—L. R. SLEMON, 2T8. 36 Carlton St. Rand. 2137.

Associate Editor—

H. A. T. Keenan, 2T8.

Cartoonists—

P. G. Anderson
Thos. Hayhurst

Reporting Editors—

R. Harmer, 2T6.
K. W. Hettenhausen,
2T7.
P. G. Anderson, 2T8.
M. V. J. Keenan, 2T9.
C. J. Paterson, 3T0.

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Vol. XXV.

December, 1925.

No. 2



EDITORIAL

This is our last issue before another year dawns and 1925 slips into the records of the past. It has been a good year and our publication has flourished well. We are indebted to our advertisers in helping us as they have so faithfully done, and the occasion seems fitting to express our hearty thanks for their patronage. Without them the financing of Hya Yaka would be impossible, and yet they, too, need our support. With the coming year there is every occasion to believe that they are firmly behind us, and let it be a New Year's resolve on the part of every student to patronize the advertiser. Mention Hya Yaka and whenever possible give the advertiser the preference over the non-advertising competitor.

The editor is personally very pleased with the efforts put forth by this year's staff, and finds it hard to convey in words his grati-

tude for their cheerful and tireless co-operation. Their continued help will be urgently needed, and 1926 approaches with every faith in them. With such helpmates, Hya Yaka should measure up.

Our Faculty needs a new yell. For some time this matter has been under consideration and the Cabinet have now decided to give ten dollars in cash to the student presenting a suitable yell. This is an open competition, and, apart from the prize, the spirit of patriotism to our College demands the support of every member in the school.

You never know your abilities until they are tried out, and surely from nearly four hundred students we can secure a yell that will resound through Varsity circles for years, and implant itself dearer in our hearts than the old "Hya Yaka" of former days. Have a try at it and please hand in your suggestions to any member of the Cabinet at an early date. Remember, that ten spot might come in handy.

This is your paper as much as any member of the staff, and we need your help and contributions to make it a success. Many of the boys are helping, and in the degree to which this continues, so will the degree of success of Hya Yaka be as a helpful entertaining medium. If you know any good jokes, have any helpful hints, can write a short, amusing story, or in any way contribute to the paper, do so. Hand your copy to any member of the staff—they will be glad to help you in every possible way and will see that your efforts are given publicity if they are worthy.

We have all seen boys wilfully destroy the works of men—works of which the community or world were justly proud—works which represented ideals, thought and labour. Even have we ourselves, as boys, destroyed property on Hallowe'en or other occasions, because, perhaps, we thought it clever. But now that we have attained maturity, is it not time that we put aside these childish things?

For years the leaders and members of our profession have laboured to place Dentistry in a higher plane in the public eye. Few will deny that their efforts have been crowned with success beyond that attained by any other profession in the past fifteen years, and yet we undergraduates persist in our boyish way in lowering that plane by calling ourselves "Molar Yankers," "Tooth Pullers," etc., in our own Varsity articles. If we consider that our level, why should the public seek to elevate us?

But the truth is, we feel sure, it is just boyish thoughtlessness again.

Now we are men, let us build rather than destroy.

Cabinet Meeting

The Third Cabinet Meeting was held in the Board Room on Wednesday, November 11, 1925, at 12 a.m. The following members were present:—Hays, Quigley, Wolfe, Ross, Vince, Hoag, Garland, Fisher, Fleming, Phin, Phillips.

Phin—Garland—That error in last Cabinet meeting minutes be corrected. Rent of building for R. D. S. meeting was \$5.00, not \$4.00.
—Carried.

Fisher—Ross—That the invitation to the Engineering Society dinner at Hart House on November 12, 1925, be accepted. Mr. Garland attend it as Dental Representative.
—Carried.

Phin—Hoag—The following allotment of Hart House Masquerade tickets be accepted:—

Cabinet	13
Fifth Year	32
Fourth "	14
Third "	8
Second "	8
First "	1

Total 76

—Carried.

Ross—Garland—The members of the year's line-up for Masquerade tickets. Subscription list to be taken at 8.00 a.m., November 12, 1925.
—Carried.

Quigley—Vince—That Cabinet adjourn. Time 1.10 p.m.

—Carried.

President—A. L. Hays.

Secretary—E. M. Fisher.

The Fourth Cabinet Meeting was held in the Board Room on Tuesday, November 24, 1925, 7.15 p.m.

The following members were present: Hays, Paterson, Thomas, Fisher, Garland, Phin, Fleming, Quigley, Vince, Ross.

Fleming—Garland—Minutes of last meeting be accepted as read.
—Carried.

Vince—Phin—Treasurer's action in paying the following bills be sanctioned:—

14 Medals and 1 Cup	\$ 14.50
Sign, Bullets, Tape	1.40
Intercollegiate Debating Fee	4.00
Sign for R. D. S.	2.00
Sundries, Athletics	1.10
Dr. H. Boddington	3.00

Total \$ 26.00

—Carried.

Ross—Thomas—The following Faculties be sent complimentary tickets to Noctem Cuckoo:—

Pres. of U. C. Follies	3
2nd Vice-Pres. Engineering Society, S.P.S.	3
Board of Stewards, Hart House, members of sub- committee	3
O. A. C.	2
Torontonensis Editor	1
Varsity	2
Meds	3

Total 17

—Carried.

Vince—Fleming—That Cabinet ask Mr. Hughes and Mr. Phillips if they are willing to work jointly re Dentanties Program.

—Carried.

Garland—Quigley—That Mr. Ross and Mr. Thomas act as a committee to investigate the advisability of establishing a new Dental Class Pin and submit designs for same at next Cabinet meeting.

—Carried.

Phin—Thomas—That the Dental Torontonensis Committee make all arrangements for Dental group pictures for Torontonensis.

—Carried.

Vince—Phin—Cabinet adjourn. Time 8.15 p.m. —Carried.

President—A. L. Hays.

Secretary—E. M. Fisher.

The Second Parliament Meeting was held in Class Room B. on November 24th, 1925, 8.20 p.m.

Williams—Kennedy—That minutes of last Cabinet and Parliament meetings be adopted as read. —Carried.

Fisher—Ross—That the executive of Fourth Year discuss the ways and means of allotting Infirmary Cabinets for the coming year, with the class. —Carried.

McKinnon—Vince—The crest of the Students' Parliament of the Faculty of Dentistry, shall consist of an oval of the same size and shape as in the University of Toronto crest and containing the words "University of Toronto." At the bottom of the oval is a scroll on which are the words "Faculty of Dentistry." Within the oval is the shield of the old R.C.D.S. crest. Above the shield is a scroll containing the motto, "Integra Sanitas." Above the motto and overlapping the oval is the University of Toronto tree.

—Carried.

Vince—Kennedy—That the Secretary of Parliament be instructed to purchase necessary dies for the new crest. —Carried.

Garland—Vince—A prize of ten dollars be offered for a new yell for the Faculty of Dentistry. No yell submitted need be accepted unless it is considered better than the present Dental yell.

—Carried.

Garland—Vince—The following men of 2T6 be granted D's:—
Belden, Ingledew, McDougal, Butcher, Jarrett, Milburn, Hays.

—Carried.

McKinnon—Ross—Parliament adjourn. Time 9.00 p.m.

—Carried.

President—A. L. Hays.

Secretary—E. M. Fisher.

SOCIAL

3T0 CLASS PARTY

Whoop-ee! They're off! 3T0 is off for a good start. On Tuesday evening, November 24th, the first Class Party was held at Apol-O'Reilly, Social Convener for the year. The hall was tastefully decorated in twisted strips of college colors of crepe paper. The lights were covered lantern fashion with peach crepe paper.

The programme consisted of fourteen dances, one of which was a novelty dance. The novelty dance was a unique event, in that it was a—"Burglar Dance." Lights were turned out and flashlights used by the burglars. In this dance, "Tiny" Waldon proved himself to be a typical burglar—sneaking up on the unsuspecting blissful dancers—so watch Tiny, class members!

Punch was served at the end of the hall. A peppy four-piece orchestra supplied the necessary music.

Towards the end of the dance the walls of the hall shook under the blood-curdling 2T9 yell, as some 15 Sophs vigorously exercised their vocal organs.

Mrs. R. J. Godfrey and Mrs. E. A. Grant kindly acted as patronesses, while the Faculty was represented by Dr. E. A. Grant and Dr. R. J. Godfrey.

In closing, we might take this opportunity of thanking the members, both of our own year and those of other years, in making our party such a success.

3T0's PART IN NOCTEM CUCKOO

Due to the untiring efforts of Bill Dewar, our dramatic representative, two skits were added to the midway on the great night. Tiny Waldon proved to be an enthusiastic announcer and guesser of the weights of the fair sex, and also very generous in distribution of lollypops.

"Leaping Lena," the crystal gazer, also attracted the curious folk by her gazing into a basketball.

Ask Tisse Luzine and "Cam" Johnston about the temperature inside of the skeleton suit!

Bill Dewar wishes to take this opportunity of thanking all those who assisted him in any way in helping to make 3T0 have a "show" in the midway.

"Well," mumbled the stiff in the Anatomy Lab., "there are a lot of cut-ups in here!"

The other day when all were stretched out on the gym. floor, did you notice the gym. instructor come in and ask where the dumbbells were? Upon looking around I saw our instructor point to the section around Pete Craig.—Explain what it all means, will you, Pete?

2T9 CLASS PARTY

The first thoughts of the sporting faction of 2T9, immediately after initiation, was a class party. As a result, some of the best organizers in the year were summoned together, and between them they arrived at the conclusion that the time was ripe to spring a party.

Heretofore I have only described the informal part. The formal part consisted of a class meeting, at which a committee was appointed to engage a hall, orchestra, punch and whatever went into the punch, etc. It must say right here that that committee, headed by the stalwart, Alex. Reid, and our redoubtable Bill Jackson, threw as big and as magnificent a party as could be thrown by such small men.

The fee was the popular price of \$1.00, which was paid pronto, thereby showing the sporting spirit. The Foresters' Hall on College and Yonge was secured, and to supply the "jazz" we had the Varsity Boys; that shows we're patriotic. Everybody secured their better halves and upon the arrival of the programs a wild scramble ensued to get dances with Art Morrow's wimph, and also Deacon's.

It was a beautiful evening when the doors of the Foresters' Hall opened and the exubriant youths of 2T9 entered. Bromoh was there, Stodgil was there, and so also was, Whittaker and the rest of the sheiks. Where was Harold Dunn? He was not there; this is how it happened:

Dunn—"Murphy, lend me \$2.00."

Murphy—"Sorry, Harold."

Dunn—"O'Brien, lend me \$2.00."

O'Brien—"Sorry, Harold."

—etc., etc., etc.—

Dunn was not there.

Say, brother, talk about your novelty dances: Bill Jackson kept up running after cups, bells, rattles, balloons and other novelties all evening. I guess Bill knew his stuff; he got a stand-in with the women.

Dancing was enjoyed till midnight, with the customary breathing spell at half time. The only real disturbance which happened was caused by Jim Moyle. It seems he imbibed too freely of the punch. You know, Jim has a weakness for that stuff. It affected him the same last year.

"God Save the King," a solo by Jack Telford, banjo. Signing off from 2T9, University of Toronto.

NOCTEM CUCKOO

Hart House, on November 27th, at 8 p.m., was the place and time set aside for the celebration of Noctem Cuckoo's fourth birthday. The Faculty of Dentistry was out in force to do honour to this rare species of nocturnal herbivora on the occasion of its annual visit. To say the festivities were a great success would be putting it mildly—there was fun, noise, music, water-polo, basketball, et al. blended together to make one great outburst of noise and commotion. Dents and their fair friends were treated to a hilarious extravagance which rivalled anything P. T. Barnum ever had to show the public.

At 8.00 sharp the annual revel began, and from then till 1.00 a.m. there was not a lull in the proceedings. Till 10.00 the merry-makers had the choice of either being entertained by Jessie McAlpine-Dempster and Mrs. Russel Marshall in the Music Room, of seeing a water-polo game in the plunge, or of seeing Jr. and Sr. Dents fight it out for supremacy on the basketball floor. Then from 10.00 till 1.00 dancing held sway, with the Terpsichorean artists "doing their stuff" in their best style.

Every year put on a skit and they were all of a high order. The graduating class had a midway for entertainment, and their weird and wonderful side-shows were a treat indeed. Magic, humour and a fluent line of circus talk kept the crowd on their toes.

The up-to-date X-ray clinic operated by 2T7 was another fertile source of amusement. The ingenious way in which they produced swellings and complications on their patients was wonderful, to say the least. Dick Flach kept the crowd posted on the cause and path of the maladies indicated in an unsurpassable manner.

The "Old Boys' Re-union of 2T8 in 1999" was both a humorous and sad spectacle. The remains of all the members of the class were either partly or wholly exhibited. The scene appeared in a dormant state till all at once the crowd were electrified by hearing the voices of some of the more "valuable" departed spirits.

The lordly "Sophs" ran their bowling alley in a capable way all evening. The winning bowlers carried away lollipops or balloons.

The weight-guessing booth operated by the "Frosh" was a decided success, the guesser never straying one pound from the true weight.

The dancing was held in the big and small gyms., and the floors were crowded at all times, thus showing the popularity of this great indoor pastime. The music was supplied by Herb. Smith's and the Varsity Boys' Orchestras.

The diving was another feature of the evening which deserves a word of comment. It was held in the plunge. The divers were Van Valkenberg (Intercollegiate champion), Dr. Frank Woods (ex-Intercollegiate champion), and Walker Keyes (Ontario high and low spring-board champion). Another added attraction was the

unique high dive executed by Roy McDougall in his pretty crimson pinafore. "Mac" kept the crowd on edge all evening with his antics on his high speed, low-g geared bicycle.

The fourth year won the Gaston Brule Memorial Cup for putting on the most original skit. It was a real lusty "Hya Yaka" that re-echoed through the Big Gym. as Chuck Williams (Dramatics rep.) and President Ed. Fisher, of 2T7, received the cup from Dean Wallace Seccombe. The judges were Dean Seccombe, Dr. Hoskin and Warden Bickerstreth.

The committee in charge were President Ralph, Eton Butcher, 2T6; "Chuck" Williams, 2T7; Ralph Haney, 2T8; Art Brownlow, 2T9; Bill Dewar, 3T0, and the success of the evening is largely due to their efforts.

YULETIDE DANCE AT PAVILION

An exceedingly enjoyable Yuletide dance was staged in the Rose Room of the Pavilion on Thursday evening, December 3rd.

A pleasing program of dance music, with a delightful luncheon, was arranged for the occasion, and everyone present proclaimed it an outstanding affair in the annals of Dental amusements. A lucky number dance was won by Cosentino, of second year, and their enthusiasm in having one of their number so honored was manifested by a hearty class yell. Such a spirit is truly worthy, and our second year is one of whom we have every occasion to be proud.

The novelty number was well arranged, and as the dance continued, a shower of balloons descended from above, giving everyone an opportunity of securing one. A galaxy of noise, the crashing and bursting of collapsing balloons, the liberation of carbon dioxide with a consequent increased respiration followed, everyone partaking in a jovial way in preventing the other person maintaining a fully inflated novelty.

The refreshment idea is good and the continuation until one o'clock proved popular. In a few words, it was a real party, and our thanks are again due our capable "At Home" Committee.

Might we just slip out a little bit of news in regard to this year's "At Home." It is to be held in the "King Eddie," and, boys, we've got to put it over big. Drag in your old graduate friends—we need their help and we can promise them a real time.

"Armie," 3T0—"There must be a great many Dents on the campus these days!"

Goldie Joynt—"How's that?"

Armstrong—"Why, see all the indentures in the ground out there?"

Jack Dore pulled a wise one when he woke up in Chemistry lecture the other day by muttering:—"Lux against us, sighed the Gold Dust Twins."



Sport in the University of Toronto to-day is passing through a state of change, in theory at least if not in conduction. We find ourselves at the crossroads of amateur and professional coaching, that is with regards to our rugby team. It is indeed unfortunate that a few inconsistent men who are in charge of affairs cannot see that a professional coach is indeed essential at the present time. Do we allow our aspirants to the B. F. & W. team to go out and mutilate each other in the process of making boxers, fencers and wrestlers of themselves? No! We engage professionals to teach them the modern methods of self-defence. Does our championship basketball wallow in the slothful methods of well-meaning coaches of another day? No! We engage a professional to lead them along the paths of scientific basketball. In a game so specialized as rugby football now is, it is utter folly to turn four or five of the "old guard" whose intentions are very good, but whose technique is rather ancient, out with a field of young ambitious athletic men and expect anything but disastrous results.

As has been stated many a time, it is not primarily a winning team that we most desire. It is a team well versed in the most up-to-date style of football. In other words, a good team that we can feel proud of either in victory or defeat. That is what an institution such as the U. of T. requires in order to uphold its prestige.

SPORTING COMMENT

In view of the fact that Dents have won the inter-faculty championship three years in succession, it has been suggested that an inter-year schedule be drawn up after the Christmas vacation so that the best possible team might be chosen to represent the faculty from the best material available in all years.

Jack Egan and Carroll and several others should show real form on the indoor diamond.

Richards and Devins are going fast this year with the intercollegiate and will make all the ambitious ones step to shove them off the regular line-up.

Dewar and Yoeger are real contenders for berths on the Varsity junior squad.

In the last issue of the Hya Yaka we regret not to have mentioned G. Kingman and P. G. Anderson, who both made very creditable scores in the inter-faculty and intercollegiate rifle matches.

At last we have the inter-faculty soccer championship tucked away. It was certainly coming to the Dental soccerites; after playing their way into the finals four or five seasons in a row, no one should begrudge them the fruits of victory so long delayed.

Hutchinson again proved that his timely saves were not flukey, but were due to good judgment and heady playing.

Devins and Braden let loose some mighty kicks at various stages of the Vic-Dent game. Both paired very nicely, and it is indeed fortunate that both will be back in the same jerseys and positions next season, unless some finer material crops up in the meantime. Funny things happen at times.

In the last edition of Hya Yaka a mistake was made in the order in which the contestants ranked in the shooting match. George Kingman ranked second instead of third, as reported.

Garland displayed a fine checking game that worried the Vic forwards considerably.

It was unfortunate that the front campus was in such a muddy condition for the final. Both teams were handicapped in not being able to control the ball at times.

It was a treat to see Dent rooters almost en masse turn out and

support the team the way they did. Why can't we give every team that represents the faculty the same moral assistance.

We take this opportunity to congratulate Meds in winning the Mulock Cup. It was coming to them, and moreover it was no accident. They are a hard-working, clean, sportsmanlike aggregation.

Those who followed the Mulock Cup series will recall that Dents put up the greatest opposition that Meds encountered during the season. The scores of the two games, 4-2 and 13-9, only go to illustrate that we have exceptionally good material in the college, —it is up to us to develop it.

Varsity Juniors again won the intercollegiate title by defeating Queens in the finals to the tune of 6-1. Buzz Stewart, of 3T0, is a member of the junior squad.

Basketball will soon be away to another season's fling. The exhibition the other night at Noctens Cuckoo, between Junior and Senior Dents, brought out some good material. The younger set sort of walked through things, and we shall hear from them later without a doubt.

The Dent hockey team is coming into its own again, and the entire Faculty expect great things from the team that takes the ice this winter in the Jennings Cup race.

Cluman used his head and incidentally his body, when he rushed Kenny, the Vic goaler, to score the winning goal in the soccer finals. He tried hard at all stages of the game and was well repaid for his efforts during the last few minutes of play when he scored.

CONGRATULATIONS

It is with the greatest pleasure that we announce that "Bert" Wilkes has received the coveted "First T." He has been an active member of the English Rugby Team for the past five years, and this year is President and Manager. His team has won the Intercollegiate Championship for the past four years.

Dr. Graham: When you examine a dog's lungs under a microscope, what do you see?"

Kennedy: The seat of his pants, I suppose.

The Judge (to prisoner): "When were you born?" (No reply.) "Did you hear what I asked?"

Prisoner (sullenly): "Wot do you care? You ain't going to give me nothing."

DENTAL TRACK MEET

October 13, 1925.

Held at Varsity Stadium October 13, 1925.

Largest crowd for some years witnessed several thrilling events.

Competition more keen than usual because of valuable prizes, namely, (1) Medal for first place on every event; (2) Individual Cup for athlete winning highest number of points.

Individual cup was strongly contested, and not till the last event was it finally decided in favor of A. A. Somerville, 2nd year.

Somerville	18 points
Graham	17 points
Vince	16 points

Somerville came over from S.P.S. and has already proved to be a valuable asset to Dental athletics both in Track and Shooting.

Second Year, with a very large entry, succeeded in winning the meet, and Marshall can indeed be congratulated for getting so many men out.

Large entry for 120 high hurdles necessitates heats, and the final was run in good time by McKay.

Mr. McLaughlin demonstrated a strong arm in the javelin throw, when he won it from a large entry.

Results

100 Yards—1. Vind, 2. Somerville, 3. Whitman.

1 Mile Run—1. Graham, 2. McDougal, 3. Garland.

IS THERE A SANTA CLAUS?

In response to the query, "Do you believe in Santa Claus?" this answer was given by one of the governors of the United States:

"I think back through the years, the lean and the fat, the good and the bad ones, to my earliest recollection. I see a woman with an eye that flashes swift as an archangel's wing, and a mouth that breaks with laughter and hardens at the sight of wrong, singing lullabies; a woman, who, grasping the Unseen Hand, walks the briar-bordered paths of life unashamed, unafraid and unharmed.

"She is clad in garments of beauty for me, and age does not soil them, nor years make them cheap and tawdry. Her tongue is without guile, having never been the messenger of a lie. It is seventeen years since her soul went home to God and her fingers became for me the fingers of an angel, but I have not forgotten all she said. She told me there was a Santa Claus, and I believed her. He brings me no longer drums and fifes. But he still brings me the vision of my mother and the music of that chorus which sang at creation's dawn and at the hour of man's redemption."

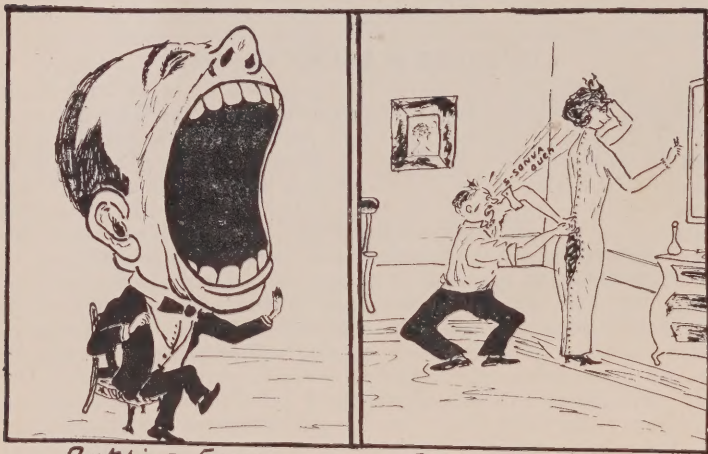
Why pay a Dentist bill when you can go to the window and remove the pane?

Life's Little Comedies

RUGBY



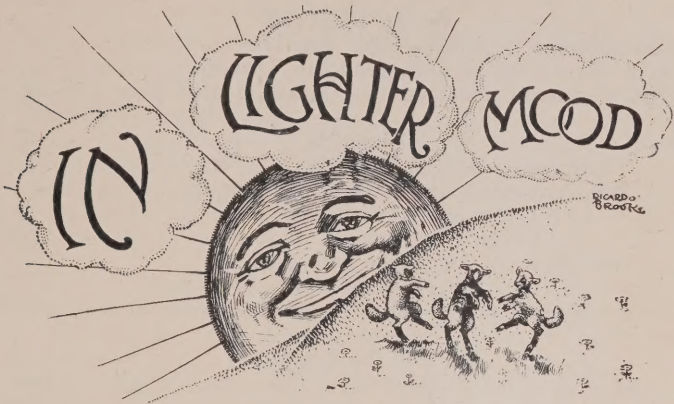
Some Illustrated Operative Technic



Outline Form

Retention Form

"Andy"
218



Miss "B"—"Dr. Hoskin told me I had a large cavity that needed filling."

Mr. "H"—"Did he recommend any special course of study?"

"Hett"—"I thought Braden had a suit for every day in the week I've only seen one on him."

Watson—"Well, that's it."

Health Inspector—Are there any rats in this house?
Maynard, 2T8—No, sir, they all died of starvation.

Mont—Dot, on what grounds does your father object to me.
Dot S.—On any grounds within a mile of the house.

The Very Idea

Foreman—Wot's up, Bill; hurt yerself?

Bill—No; gotta nail in my boot.

Foreman—Why dontcher take it out, then?

Bill—Wot! In me dinner hour?

The delicatessen wife is one whose kitchen equipment consists of a telephone, a can-opener, a kimona and a permanent wave.

"Papa," said the small son, "what do they mean by college bred? Is it different from any other kind of bread?"

"My son," said the father, "it is a four years loaf."

Student to nurse:—"What happens to gold when it is exposed to air?"

Nurse (after a long reflection):—"It's stolen."

Wrong Diagnosis

"You know I'm armenic, Mrs. Jenkins."

"Lor, Mrs. 'Arrie, I thort yer were British!"

"Ah! you don't understand—it means, I ain't got no blood in me."

Limerick

There once was a plesiosarus ?
Who lived when the earth was all porous,
But it fainted with shame
When it first heard its name,
And departed long ages before us.

These old men you see dancing nowadays must be step-fathers.

She Had the Symptoms

"Pardon me, professor, but last night your daughted accepted my proposal of marriage. I have called this morning to ask if there is any insanity in your family."

"There must be."

The reason they had so many born leaders in the old days is because they had so many born followers.

"I say, Hemerich, old man, what's good for my complaint?" asked a non-enthusiast of the Assault from the fourth year. "I haven't closed my eyes for five nights."

"Go in for boxing," replied Hem. "The first time I tried it my eyes were closed for a week."

Blanshard, 3T0—"Say, Tread, why don't Scotchmen wear rubber heels?"

Treadwell—"Don't know; I bite, why?"

Blanshard—"Because they give a little."

Vince O'Reilly—"Has Murphy any relation in the second year?"

Gord. Knowles—"I believe so. I saw his 'half' brother in the Anatomy Lab. and he looks like a big 'stiff'."

Excited voice over the phone to physician—"Doctor, my mother-in-law's at death's door. Please come and see if you can't pull her through."

Dental Nurse—"I'll never trust any man in the dark after this."

Fourth Year Student, after a struggle—"It's a cinch you won't have anything to fear in the day time."

Uric:—"If a cannibal ate his wife, what would he be?"

Hughes, 2T6—"Gladiator, I guess."

Literal Obedience

A lady staying in a hotel was frightened by a noise like that of a person running about in a room over the one she occupied.

The noise went on at intervals for two nights and then changed, as if the occupant on the floor above had gone mad and was skipping about. The lady did not believe in ghosts, but she was afraid of them, so she asked the clerk to investigate the mystery.

It was a sick foreigner obeying the imperfectly understood directions of an English medicine man: "Take the medicine two nights running, then skip a night."

Right Trouble; Wrong Name—

Doctor (after thorough examination)—"I don't like your heart action, Mr. Trelford. You're evidently having trouble with your angina pectoris.

Trelf.—"Right you are, Doc.—only that's not her name."

Dr. Cole (to Williams during Prosthetic Quiz.)—"What muscles depress the mandible in mastication—now this question is one which demands a great deal of thought and deliberation by the average student."

Williams (slowly and thoughtfully)—"Digastric—at! at!—platysma at! at!—"

Dr. Cole—"Is that all?"

Williams—"At! at! Well—no."

Schlosberg (speaking out of turn)—"Temporal, masseter and internal and external pterygoids."

Roars of laughter issued from the Infirmary Lab.

Dorothy (to "K" coming down late to breakfast)—"Well, did he kiss you last night?"

"K." Mulligan (D.N.)—"Now, Dorothy, you don't suppose he came all the way from St. Catharines to hear me sing, do you?"

Nurse—"It's a girl!"

Father, with keen foresight—"And I just sold the porch swing this morning."

2T. . records a vast improvement in Friedhoff appearance since he totes a compact.

Lois—"How many ribs have you, Flora?"

Flora—"Oh, dear, I don't know, I'm too ticklish to count them."

Egan: "I hear that Braden has given up smoking. Doesn't that require a strong will?"

The Girl: "Well, I have a strong will."

Hays (to habitually late patient)—“Good morning, Mrs. ———, was your appointment not for eleven? It is just ten and I have a patient now.”

Mrs. ———: “Oh, yes, but I’ve been late so often I thought I’d come an hour earlier and make up for it.”

She—I noticed you hesitated when I asked you if I was the only girl you had ever loved.

Mitton, 2T8—Yes; I couldn’t tell from your expression whether you wanted me to say “yes” or “no.”

Allen is so dumb that he thinks an enzyme is a flag.

At a recent class meeting of 2T6, a motion was brought forward by W. J. Olmstead that we present Mr. Lucas with a pair of roller skates for Christmas.

Dentist—“Yes, Sandy, there’s no doubt about it, this tooth must come out.”

Sandy—“And what will be the charge for removing the tooth, Doctor?”

Dentist—“It will cost you \$3.00, Sandy.”

Sandy—“And what will you charge for just loosening it a little, Doctor?”

“Here’s something queer,” said the Dentist who had been drilling at a tooth. “You said this tooth had never been filled and I find flakes of gold on the point of my drill.”

“I knew it,” moaned the patient, “you’ve struck my back collar button.”

Dentist—“I’m afraid I’ll have to remove that nerve of yours.”

Patient—“It won’t be necessary, Doctor; it left me the moment I came into your office.”

“Liza, you remind me of all the world of brown sugar.”

“How come, Sam?”

“You are so sweet and so unrefined.”

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Waiter, this steak is terribly tough.

Sir, we are not responsible for the morals of our food.

Blackburn, 2T6—"At the Strand the other night my eyes felt like little birds."

Byron—"How come, Bill?"

Bill—"Fitting from limb to limb, old dear."

Hostess—"Won't you have some more pudding, Mr. Hayes?"

Mr. Hayes—"Just 'a mouthfull, please."

Hostess—"Peggy, fill up Mr. Hayes' plate."

D. Cowling—"Now, Toll, can you tell me how iron was first discovered?"

Toll, 2T8—"Yes, sir—they smelt it."

Berrin, 2T6—"How do you like Dr. Graham as a pathology teacher, 'Saully'?"

S. Copeland, 2T6—"Fine, but I don't think he knows much about it; he has to ask me so many questions every lecture."

Stranger (to officer outside Hart House)—"What's going on in there to-night?"

Officer—"The Dental 'Noctem Cuckoo'."

Stranger—"The dentist's gone cuckoo?"

Said the boy to the girl, "I put my arms around you."

Said the girl to the boy, "I'll be 'helled' if you will."

Said the tree to the stream, "I'll fall into you."

Said the stream to the tree, "I'll be 'dawned' if you will."

What's in a name?

If certain conditions continue on Orthodontia mornings in the infirmary, it is believed that Goldstone will be changed to Tombstone.

4.4

I stood on the bridge at midnight,

As drunk as a Son of a Gun;

Two moons rose over the city,

Where there only should have been one.

SPREAD HAPPINESS AND YOU ARE MORE OF A SUCCESS THAN MANY A MILLIONAIRE.

When Love Endeth

I loved my girl—her face was sweet,

I took her out—I watched her eat—

Gosh! Did I say her face was sweet!

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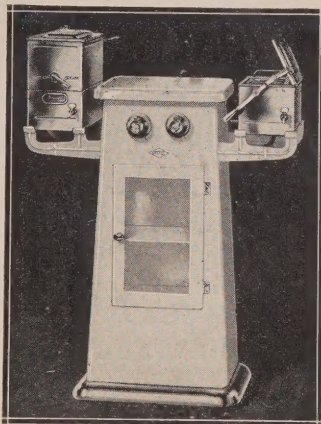
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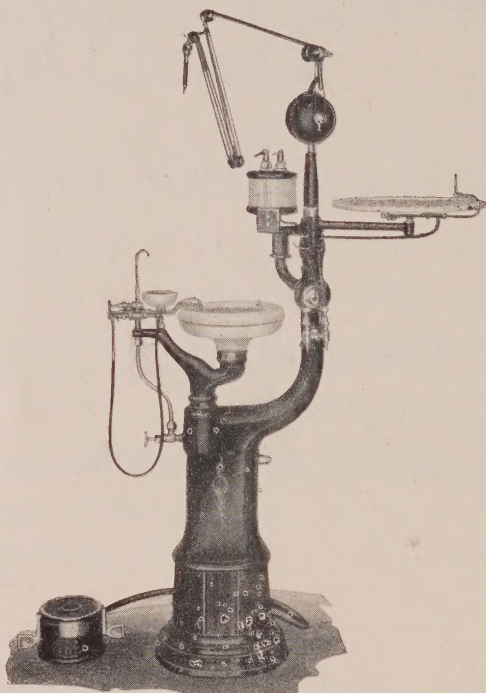
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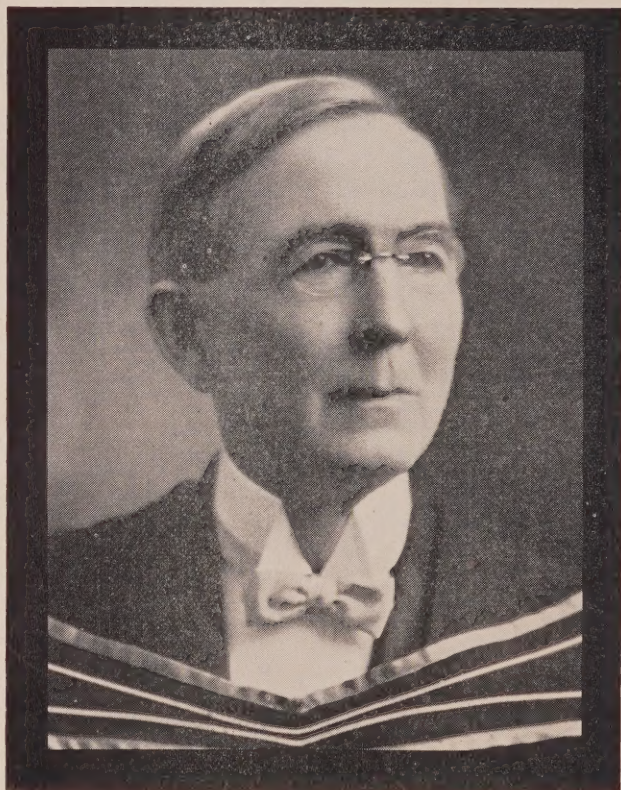
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THE LATE DR. RICHARD G. McLAUGHLIN

Photo by Freeland

IN MEMORIAM

Dr. Richard G. McLaughlin occupied a pre-eminent place in the councils of the dental profession, being a man of strict integrity and good judgment and one who always rendered service of a high order to his patients, his confreres and his community. The dental profession has lost a valued and esteemed member whose place cannot easily be filled.

The late Dr. McLaughlin was in his 66th year, having been born in the County of Peel, Ontario, in 1859. He was educated in the Public Schools of Ontario and received his subsequent training at the Brampton Collegiate Institute. For some years he was engaged as a teacher in the Public Schools, and in 1885 entered the Normal School, Toronto, where he completed his studies, taking first-class honors.

In the following year he began the study of dentistry in the Royal College of Dental Surgeons of Ontario and graduated with honors in the spring of 1889. In the same year he had the degree of Doctor of Dental Surgery conferred upon him by the University of Toronto, and at once began the practice of his profession in Toronto.

At the inauguration of the Toronto Dental Society in 1890, Dr. McLaughlin was chosen as its first president. For many years he was chairman of the Oral Hygiene Committee of the Ontario Dental Association and President of the Dental Protective Association of Ontario.

In 1916 he was appointed Professor of Jurisprudence on the Faculty of the Dental College, and when the new Faculty of Dentistry of the University of Toronto was organized he was appointed Professor of Ethics and Dental Jurisprudence.

Dr. McLaughlin's loss will be keenly felt in the Faculty Council, and also at the meetings of the Executive Committee, as he took a genuine interest in the work of the Faculty. Dr. McLaughlin made a unique contribution to his profession and his sterling personal qualities contributed largely to the place he attained. Through his lectures to the students and his active interest in dental organizations, he has had a powerful influence in raising and maintaining a high ethical standard in the dental profession in Ontario, and to some extent throughout Canada. He always upheld the ideals of service as paramount to all other considerations and has inspired others with these ideals.

Besides my association with Dr. McLaughlin on the Faculty, I knew him as a life-long friend and perhaps even more intimately through our close connection in editorial work during the past ten years. I shall greatly miss his able assistance which was always deeply appreciated, and mourn his loss as one of my best friends.

WALLACE SECCOMBE.

In the death of Dr. R. G. McLaughlin the community, as well as the Profession, has sustained a great loss. It will be extremely difficult to replace him in any of the numerous activities in which he had been engaged. I first met him in the fall of 1887, when he entered the School of Dentistry as a Freshman, when I was a Senior. His admiral qualities of good judgement, integrity, executive ability, courtesy and companionship, together with his retiring disposition, at once made him the outstanding member of his class. These same traits of character brought him to a leading place in the church and in the profession, both of which he served with hearty enthusiasm.

A large measure of the success of the Upper Canada Bible Society during the past few years is due to his untiring and enthusiastic support.

As a leader for years of a Men's Bible Class his teaching and consistent Christian character has had a wide spread influence among the men of the country.

I doubt if any other Dentist in the Province would be more sadly missed. Personally, I feel I have lost a personal friend and counsellor.

W. E. WILLMOTT.

By the passing of Richard G. McLaughlin, D.D.S., L.D.S., Professor of Jurisprudence and Ethics in the Faculty of Dentistry in the University of Toronto, the dental profession has lost one of its stalwarts. Faithful and earnest in every activity undertaken, whether in his profession, church or citizenship. A typical example of the family dentist who became more than a professional adviser. A guide in matters of life and living. His steadfastness and courage to follow the lead of his convictions was well exemplified in his professional career, as well as in his church relations. His activities covered a definite field in which his counsel was always of value. His position as chairman of the Advisory Council of the Dental Protective Association gave ample scope for his judicial mind, and his position as Director of the Upper Canada Bible Society gave an opportunity to serve in a national capacity. His life was one of service.

A. E. WEBSTER.

Cancer of the Mouth and Tongue

Its Causes, Prevention, and Early Recognition. A Plain Talk For
Sensible People

By JAMES EWING, M.D., New York City

*Member of the American Society for the Control of Cancer.

Cancer of the mouth and tongue is a common and very often fatal disease. In the year 1922, there were 3,249 deaths from this cause in the United States, nearly all of which could have been prevented if the victim had possessed a moderate amount of easily obtained knowledge as to the causes and early signs of this disease. Since it does not require any particular knowledge of medicine to understand the main facts about the causes and prevention of cancer of the mouth, the American Society for the Control of Cancer believes that it is not too much to expect that every person who values his life will be willing to spend a few minutes in reading carefully the facts here presented, which have been prepared especially for the lay reader, but may well be found valuable to nurses, dentists, and many physicians, who meet with this disease in its early stages, and who should be able to recognize it in its beginning.

Cancers occur on the lip, tongue, cheek, gums, floor of mouth and tonsils, and in each situation they differ somewhat in origin and appearance. While these and other forms of cancer usually occur in persons over 40 years of age, it is a highly important fact that cancer occurs not infrequently in persons between the ages of 20 and 30 years. When the disease does occur in young persons, it tends to run a rapid course. Time is often wasted in recognizing it because of the widespread belief that cancer occurs only in elderly persons. Youth is no guarantee against cancer.

Cancer of the Lip

Cancer of the lip is always of necessity easily visible in its very early stages. Its main cause is chronic irritation, usually from cigars or pipe; sometimes from hard objects carried frequently in the mouth and causing wounds, and occasionally from the constant impact of protruding teeth. Rarely, cancer may develop from single wounds from any source. It is especially frequent in persons with oily skins, who sometimes suffer from frequent sores covering much of the lip, in the disease known to physicians as seborrheic dermatitis, a term used to signify inflammation of the skin involving the sweat glands. In such subjects, no other cause may be necessary, since the cancer develops on the chronically inflamed area and often over a rather broad base.

Cancer of the lip usually requires some weeks or months to



Fig. 1.—Broad superficial ulcerating epidermoid carcinoma of the lip in a subject with seborrheic dermatitis.

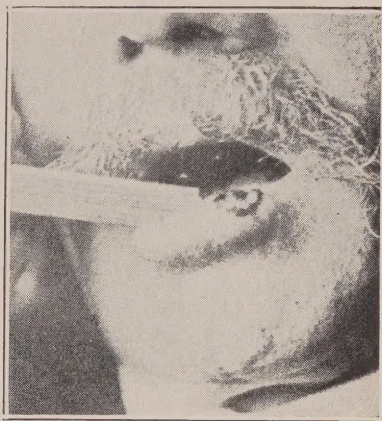


Fig. 2.—Early carcinoma of the lip.

develop into a definite, progressive, malignant disease. Sometimes, a year or more is required. It is important to know that it may exist in a quiescent form for a considerable period, perhaps six months or a year, and then develop rapidly in a few weeks after an injury or irritation. Therefore any thickening or sore or wound of the lip that does not heal promptly should be submitted to examination by a competent physician.

Most cancers of the lip begin as thickened, firm spots, like flat warts, and they may long remain as slowly growing flat warts. Soon, however, the surface of the spot or wart is rubbed off and becomes painful; and finally it ulcerates and bleeds, a stage at which it becomes more dangerous. In cases of seborrheic dermatitis, the recurring or chronic blisters become hardened but lack the warty appearance; fail entirely to heal, and develop into broad flat cancers.

Briefly, one should avoid chronic irritation of the lips, and suspect as possible cancer all sores, wounds and hard, firm spots that persist. Do not wait for them to become painful or bleed. Submit all such conditions to a competent physician at once.

The only disease of the lip that resembles an established cancer is the rare primary sore of syphilis.

Practically all early cancers of the lip can be cured by competent surgery or by the proper use of irradiation.

Cancer of the Tongue, Cheek and Floor of the Mouth

The causes of cancer of the tongue are generally (1) the presence of bad teeth, (2) the use of tobacco and (3) the presence of syphilis. The most potent cause is bad teeth. If these three factors could be excluded, cancer of the tongue would largely disappear. They are all avoidable or curable.

The bad tooth conditions include every variety of dental decay, broken, jagged tooth edges, teeth out of line but otherwise normal, pyorrhea, chronic inflammation about the roots of the teeth, root suppuration, and ill fitting dental plates. All of these conditions act in producing two things: chronic irritation and chronic filth.

Now, all of these abnormalities of the teeth are extremely common, while cancer is comparatively rare. Why do they sometimes, and not always, lead to cancer? It is usually when the jagged teeth are very sharp and irritating, when the irregular teeth are badly out of line, when the pyorrhea is advanced, when the ill-fitting plate has irritated the gum or mucous membrane severely, and when any of these things has existed a long time, and especially when combined with the use of tobacco, and the existence of uncleanness in the mouth. The victim of cancer of the mouth usually has a long warning, but not always.

To the dentist belongs the task of correcting gross or minute abnormalities of the teeth, to the extent that dental facilities are provided; but the victim of mouth cancer is himself usually largely to blame for permitting the bad teeth and the dirty conditions of the mouth to continue until cancer develops. Experience in a clinic for mouth cancer reveals a most astonishing degree of stupidity and neglect on the part of most of these patients.

Tobacco users add to bad teeth a most effective factor in producing cancer of the mouth. Tobacco juice, and, to a slightly less extent tobacco smoke seem to have a peculiar tendency to cause cancer, especially when added to the irritation of bad teeth and buccal uncleanness.

Tobacco prevents the wounds and abrasions from bad teeth from healing, and it does not effectively prevent the growth of mouth bacteria.

"Tobacco tongue" is a chronic inflammation of the tongue produced by the continued use of tobacco. The edges of the tongue become reddened, swollen and sore; and the back of the throat may become reddened and covered with little granules. When persistent sores appear on a tobacco tongue, there is danger that cancer may soon follow. All sufferers from "tobacco tongue" should cut down their use of tobacco or stop it entirely.

Tobacco often produces leukoplakia, which is a precursor of mouth and tongue cancer. Tobacco users should know what leuko-

plakia is as well as they know the different kinds of tobacco. Leukoplakia consists of whitish, flat spots that form slowly over the surface of the tongue, the cheeks and the floor of the mouth, and persist for months and years, always growing larger and firmer, and finally tending to ulcerate. A large proportion of these chronic leukoplakia spots become cancer, but never without giving the victim a long and definite warning. The remedy is to stop smoking or chewing, or to cut these habits down in the proportion that one values his life. Syphilis and buccal filth aid in the development of leukoplakia, but are not essential.



Fig. 3.—Leukoplakia of the tongue.

Syphilis sometimes appears to be the sole cause of a cancer of the mouth or tongue. Syphilis is much more often only an underlying factor in cancer of the mouth that is produced mainly by bad teeth, tobacco and buccal filth. Old syphilis produces scars and fibrous tissue in the tongue, marking out its surface like a map (geographic tongue), or it leaves fissures that do not heal; or ulcers form deep in the tongue, and about them deep cancers develop that are hard to recognize. Many cancers of the tongue and mouth are mistaken for syphilitic sores, even by somewhat careful physicians, who treat the patient for syphilis, heal over the syphilitic part and leave the cancer to grow on unaffected until it is too late. Cancer and syphilis may occur together, but the cancer is by far the more important condition. Rarely does the primary sore of syphilis occur on the tongue and here resemble cancer. When any doubt exists, a small fragment of tissue should be removed for microscopic diagnosis. The ordinary blood test for syphilis (Wassermann test), if positive, cannot be relied on to prove that a sore about the mouth is syphilitic, and not cancerous. The patient may have both syphilis and cancer. Many people lose their lives from cancer of the tongue because this fact is not appreciated by the physician.

A few cancers of the tongue develop from warts on the tongue that have no relation to bad teeth or tobacco or syphilis. Warts on the tongue should always be treated promptly.

Rarely, cancer develops deep in the substance of the tongue, from irritation of ducts of the many mucous glands. These show

no surface thickening or ulcer until late, but produce a hard nodule in the tongue. Any persistent lump in the substance of the tongue, however small, should be examined by a competent physician.

The appearance of early cancer of the tongue, cheek, or floor of the mouth, while somewhat varied, is generally characteristic and easily recognized. It shows (1) hardening of a small spot, or (2) a warty thickening, or (3) a superficial sore, or (4) an ulcer that does not heal. All such things should be attended to promptly, for cancer of the tongue often progresses rapidly, and many persons fall into a hopeless condition in a few weeks after the beginning of the trouble. Therefore, delay is dangerous. Never allow such a suspicious sore to be treated by nitrate of silver or other caustic, or be treated as syphilitic, unless microscopic examination of the tissue has shown that the disease is not cancer. Do not rely on general medical inspection of the sore or on the blood test.

Leukoplakia spots develop into cancer slowly, and they then show hardening, a raw surface and, finally, superficial ulceration. On the inside of the cheeks, leukoplakia spots often are injured by the teeth, and these frequent wounds tend to cause them to become cancers.

Cancers of the floor of the mouth and the edges of the gums are not easy to recognize. Doctors and dentists are not on the lookout for cancers in these locations, and they are not easily seen, especially along the back of the tongue, near the back teeth. Cancers of the floor of the mouth generally give the impression of being simple "canker sores," whatever that may mean, since they may spread rather widely, ulcerating slightly on the surface, while the ordinary signs of a hard, cancerous tumor are lacking. Therefore, any sore on the floor of the mouth, along the base of the tongue, or any feeling of discomfort that persists along the sides of the back of the tongue should at once suggest cancer.

Cancer of the gums develops slowly or rapidly under ill-fitting plates. The misfit may be slight. The irritated gum is painful and its surface slightly thickened, rubbed off and finally ulcerated, when the cancer becomes established. All wearers of ill-fitting dental plates, and all dentists in charge of such cases should be on the lookout for signs of cancer. It is better to discard the plate than to suffer from cancer.

Two other conditions simulate cancer of the gums: 1. Proud flesh, which is overgrown granulation tissue. This is called by physicians "giant-cell tumor," or epulis, the term epulis meaning any tumor on the gums, but usually a harmless one. Such a tumor may be a protruding, bleeding mass on the gum, often appearing after the extraction of teeth. It is not dangerous, but requires treatment. 2. Tumors caused by teeth that have not grown through the gums are rare growths arising from the rudiments of the teeth. They produce swellings of the jaw-bone, which are sometimes first noted on the

edges of the gum. All persistent swellings, tumors and sores of the gums and jaw bones should receive the attention of a good physician.

Cancer of the Tonsil

Cancer of the tonsil is one of several diseases that produces chronically enlarged, painful and ulcerated tonsils. Only an experienced physician is competent to recognize cancer of the tonsil, but every person should know that enlarged, sore tonsils may become cancerous. At first, the cancerous tonsil is not so large, or so sore, as the ordinary enlarged tonsil of chronic inflammation. It seldom occurs before the age of 35 years. It is most frequent among tobacco users, especially tobacco chewers, some of whom form the habit of holding the quid against the side of the throat.

The signs of cancer of the tonsil are hardening and superficial ulceration of a portion of a slightly enlarged tonsil. Cancer almost always affects only one tonsil, while most other diseases of the tonsil affect both tonsils. The hardening and ulceration of the tonsil may not be very marked, but these signs, once existing, are progressive. When such conditions exist, consult a doctor. The disease usually makes rapid progress.

Sarcoma of the tonsil produces a very marked, persistent enlargement of one tonsil, which steadily increases in size, but is not very prone to ulceration. By sarcoma is meant a malignant tumor of the internal or deep supporting tissues. Sarcoma is to be distinguished from carcinoma proper, which is a tumor of the lining cells of the body.

Treatment—Early localized cancers of the tongue, mouth and cheek are nearly always curable by expert treatment. The nature of the treatment should be decided by the physician in charge, but the treatment should be in the hands of one experienced in these diseases. Comparatively few patients with cancer of the mouth region consult a competent physician in the early stages. They delay and temporize with home remedies, or with none.

For late cancer of the mouth region, especially for those in the back of the mouth, the outlook is unfavorable. Hence, early recognition or prevention, is absolutely necessary.

Mouth Hygiene

Since buccal uncleanliness is the main exciting cause of cancer of the mouth, and since the cleansing of the mouth can be attended to only by the person himself, it is of the utmost importance that everyone should know how to keep the mouth clean.

People who will not attend to their teeth, by periodical visits to the dentist or the dental clinic, and by daily brushing of the teeth, should know that they, and almost no others, suffer and die from cancer of the mouth region.

Many different methods are employed to secure cleanliness of the mouth and teeth. It must be admitted that there is not suffi-

cient scientific evidence to determine which of them is the most effective.

The care of the teeth is a matter belonging to the dental profession. Everyone knows that the teeth should be scrubbed with a brush daily; that running a strong thread (dental floss) between the teeth removes particles of food that the brush cannot reach, and that the use of dentifrices aids to some extent in the cleaning of the teeth. The American Society for the Control of Cancer does not attempt at this time to offer any full explanation of the causes of dental decay, nor any complete directions for the care of the teeth. Consult your dentist or the dental clinic. Yet, it seems desirable to point out that chemical disinfection of the teeth is an impossibility, and that harm may result from the constant use of irritating, chemical tooth pastes. Mechanical methods must be relied on if the cleansing is to be effective.

It is especially important to emphasize the fact, which is not generally known, that the cleansing of the mouth for the prevention of cancer and many other important diseases involves a great deal more than the cleaning of the teeth, and that merely chemical means are not effective. Several years ago, the French government endeavored to get French scientists to devise an efficacious chemical disinfectant for the mouth, and later a commission of the Department of Health of the City of New York made a similar attempt, with the hope of controlling pneumonia, but the effort to find an efficacious chemical disinfectant for the mouth was not very successful, and, therefore, mechanical methods must be employed.

The most generally available, and perhaps the most effective, method of cleansing the mouth, gums, tongue and throat is daily scrubbing of the mouth with a toothbrush and ordinary, mild toilet soap. The soapsuds must be gargled thoroughly until it reaches every part of the back of the mouth; if one scrubbing is not enough, it should be repeated, until the mouth tastes clean.

The reasons why the American Society for the Control of Cancer recommends scrubbing the teeth and mouth with soap and water are as follows:

1. Soap is the best aid to the toothbrush in mechanically removing particles of food, masses of bacteria and mucus from the teeth and the recesses of the mouth. Soap macerates dead epithelial cells, which harbor bacteria, and hastens their removal from the mucous surfaces. It macerates food particles and masses of bacteria. The effect of maceration becomes apparent only after somewhat persistent use of soap. The constant use of soap gargles will even excavate and cleanse the crypts of the tonsil, but it is not recommended as a means of control of established disease of any sort. It is a preventive of disease. Soap is very effective in washing tobacco juice from the teeth and throat.

2. Soapsuds has a considerable bactericidal effect, especially on disease-producing bacteria, and it is probable that this chemical

effect is about as severe as the mucous surfaces will stand over a long period. It may be used for a lifetime without deleterious effects, which is more than can be asserted for most other chemical disinfectants.

3. Soap causes a secretion of mucus from thousands of mucous glands that line the inside of the mouth. The mucous secretion is Nature's method of removing dangerous bacteria from the mouth, and protecting the mucous surfaces from penetration by bacteria.

Bacteriologically considered, the mouth is the dirtiest cavity in the body, harboring the germs of many fatal diseases, and allowing various decomposition processes to take place. All of these irritating substances aid in the production of cancer as well as of other diseases.

Too much emphasis cannot be laid on the fact that the prevention of cancer in the mouth rests largely on the individual himself, and is to be accomplished first by the maintenance of cleanliness of the mouth and teeth by the measures above detailed, and, secondly, by the prompt seeking of competent medical advice, if any abnormality in the mucous membranes of the mouth is noticed. It is not too much to expect that, by these two measures alone, the occurrence of cancer of the mouth can be very materially reduced in frequency.

The mouth, as well as the teeth, must be cleansed thoroughly by efficacious methods, if one is to escape the diseases that result from buccal filth.

Soap and toothbrushes are everywhere available. Their cost is negligible. Their use is urged and explained in the public schools. Their employment for the specific purpose of preventing mouth cancer and other diseases calls for a very slight extension of the common customs of people everywhere.

THE MODERN MARRIAGE

There we sat in solemn silence,
And we heard the parson say,
Wilt thou this woman wed, sir?
And he dared not answer nay.
Will thou comfort her in sorrow,
Will thou stick to her in health,
Will thou start upon the morrow
In accumulating wealth?
So that when some day you're parted,
And no longer she's your honey,
You'll have the dough, in court to go,
And pay her alimony?
You will? she will?
Then begin your married strife,
The Lord have mercy on you,
I pronounce you man and wife.

BABY'S FIRST TOOTH

Written especially for Hya Yaka by Dr. E. T. Guest

The science and practice of Dentistry is supposed to concern itself with "all the problems and conditions of teeth and mouth, in health, and in disease." Indeed, the field of dental science is expanding so rapidly that even the above definition is scarcely sufficient to cover the present scope of our work. There is, however, one phase of our dental lifetime which is almost entirely neglected by the dental profession—the arrival of baby's first tooth.

Every young father will tell you that this event is one of the most important happenings of a lifetime. The medical doctor uses it as a peg, on which he hangs the responsibility for every symptom or trouble the child may develop during a period of many months. The mother will say that her whole life is upset during the time when baby is "teething." But the dentist is left undisturbed. It is true that he may be asked in an incidental sort of way, some questions about baby's teeth, but his advice is seldom expressly sought, and his professional assistance is rarely wanted. If there are irregularities or disturbances in connection with teething, it is invariably the physician who is consulted.

However, it is equally true that we, as dentists, are also guilty of ignorance and neglect in connection with baby's first tooth. How much do we hear about it during our years at college? How much can we find regarding it, in our dental literature? How much definite scientific knowledge has the average dentist, of this important member? We study the embryology of the tooth, and we advise expectant mothers concerning the influence of pre-natal development on the erupted dentitions, but we show very little interest in baby and his tooth troubles until the teeth are fully erupted and the mouth has become a workshop where we can place our fillings, and later, our restorations.

Baby's first tooth is normally a lower central incisor, although occasionally the upper is the first to erupt. The usual time of eruption is during the fifth, sixth or seventh month, but earlier and later variations are quite common. Sometimes the eruption of the first tooth occurs quietly and uneventfully, (that is, until father finds out about it), but frequently it is accompanied by a certain amount of pain and system's disturbance to the child.

This question of systemic disturbance is a debatable one. It is customary to expect a certain amount of disturbance during dentition, and we are only too ready to blame every symptom or trouble on "teething," instead of looking for the real cause. Dentition should never be made an excuse for neglect on the part of mother, nurse or physician. We have banished the old idea that every child must have the measles. We know that that is untrue. It is equally untrue that systemic disturbance must accompany dentition. Therefore, when baby shows symptoms of pain, restlessness or digestive

trouble, we must not forget entirely, that cardinal principle of all rational therapy, "Remove the Cause."

Pain is frequently caused by the pressure of the erupting tooth on a resisting mucous membrane, and may be relieved by lancing the gum, to allow the eruption of the tooth.

Digestive disturbance may be the result of a general inflammation of the alimentary tract, but in many cases it is caused by an unclean mouth, and by the neglect referred to above.

Restlessness may be the result of either of the above conditions, but in every case, every other possible source of discomfort to the child, should be eliminated.

Sometimes teeth are poorly calcified on eruption, and seem to decay quite rapidly. This condition is due to faulty diet, either of the mother during pregnancy and lactation, or of the child after weaning. The sticky, unclean condition so frequently observed in young mouths, is due to improper diet, usually an excess of carbohydrates and a lack of those foods which require mastication. It has been said that young children should not require the use of a tooth-brush.

In general it may be said that if proper hygienic living conditions are observed for both mother and child, there should be very little trouble with baby's first tooth. In most cases, systemic disturbances are the cause, rather than the effect of disturbances of dentition. As dentists, we should see to it, that proper hygienic living conditions are observed, and we should assure worried parents that many apparent abnormalities are really quite normal.

"TEN LITTLE NURSES"

Ten little nurses, wondering where to dine,
One spied little Hughes, then there were nine.
Nine little nurses, sighing for a date,
One gave Winters a smile, then there were eight.
Eight little nurses, full of pretty tricks,
Weatherall's car made them only six.
Six little nurses, vivaciously alive,
One grabbed an editor, then there were five.
Five little nurses, spied a candy store,
Urie took one in, then there were four.
Four little nurses, pretty maids to see,
Watson vamped a little one, then there were three.
Three little nurses, nothing much to do,
Teddy took one to a show, then there were two.
Two little nurses, wishing for some fun,
One found that Fisher sheik, then there was one.
One little Dental nurse, hungry as could be,
I look like a sucker, and she fastened on to me.

—A. R. M.

RATTLING RAMBLINGS

Dear Gussie:

The seniors are only going to have one term examinations this year. Consequently I am walking round with a large smile, for why worry about any study when there's only one exam before May. "Sufficient unto the day is the evil thereof." But somehow things are not quite so satisfactory as regards our credits. There is that darn "technique" still cluttering up my bench. There seems to be no satisfying those two guys—you know who I mean. You knew both only too well when you were here—they are as fussy as the 'deuce.'

We still have to spend much of our time waiting for "demis" who most afternoons keep a waiting list. The other morning, however, things were rather slack in the infirmary and being in need of advice, I searched the near neighborhood with my headlight, but failed to spot any red tape. So I wandered round to Doc. Mason's office and found four of the staff in solemn conclave. Fearing to disturb a technical discussion, I hovered at the edge of the circle to catch any words of wisdom which might be dropped. Then the doctor, who was leading the discussion, waxing enthusiastic on his subject, planted his feet firmly upon the floor about fifteen inches apart. Then he leaned forward, clinched his hands, as if he were holding some long thin rod, and fixed his eyes upon the floor immediately beneath him. "Now then," he said, as he demonstrated a swing, "As you follow through be sure you don't bend your right wrist or elbow until you reach this position and whatever you do don't take your eye off the ball."

I dare say you remember the patchy state of the ceiling in lecture room B. Well, its been flaking off in large and small pieces for some time, but quite recently its become very much worse and during the Christmas vacation some very large pieces fell. It is officially stated that the condition is due to faulty plaster but there is a persistent rumour going about the college that certain members of the staff are expert Charleston exponents and that they practice in their rooms during the lunch hour. I would very much like to know if there is any truth in the story or not.

Talking of rumors. Its been an open secret for some time that the Pathology department has been dissatisfied with lack of enthusiasm shown by the average student for this subject and with the intention of not only speeding up the work and teaching it in a more palatable manner, but also arousing the sleepy ones and getting them to lectures on time, the following scheme, so 'tis said, is to be introduced next session. Each student, in addition to having to show at the library wicket a receipt for his books and his instruments and his engine and his sterilizer, etc., etc., will have to produce one for a three valve receiving set with extra loud speaker. Pathology lectures will be broadcasted from the college at 7 a.m. each morning. The student will be aroused and will receive the lec-

ture while lying in bed or dressing. At 8 a.m. the lecture will cease, giving the student ample time to be at the college on time. However, in my humble opinion, I rather doubt the success of this plan. I fear that very few of the senior class will be arriving much before 11 o'clock.

Oh boy! We are all to have new gowns. Just think of it. There was quite a lot of excitement the other morning when we all lined up in Mr. Lucas's office, where we were all fitted by Doc. Richardson, who officiated after the manner born. The old ones had really got too bad. Very few had tapes in working order, despite Mrs. Baraclough's energy, and they were so much patched that it was often difficult to tell which was patch and which original gown.

We have to be punctual to lectures now. A new scheme is in operation, that is in the senior year. When the lecture commences the door is locked and not opened again until ten minutes later, when the tardy 'over slept' are allowed in. Following this the door is locked till the lecture is completed. This scheme has proven a great success and is a big improvement from every point of view. However, there is still a general disturbance when Mr. Lucas comes in to take attendance. This is due to a reshuffle of seats. Why can't these men sit in their correct seats from the commencement of the lecture? The disturbance is most annoying both to lecturer and the conscientious student and those responsible might show a little more consideration for the rest of the class.

There is a story going round the college about the freshman who on first seeing Dr. Webster, looked so thunderstruck and bewildered, that his friends could not forbear from asking him what it was that had so astonished him. They were totally unable to solve his difficulty, for he wished to know how it was that the Doc.'s eyebrows were jet black and his thick tangled hair, white.

Yours ever,

"ILLILIWA."

HART HOUSE CHRISTMAS DINNER

Say! But wasn't that some feed. About a dozen members of 2T6 were present and all sat together near the end of one of the long tables. All, that is excepting Adinell, who sat in the seats of the mighty twixt Sir Robert Falconer and Warden Beckettsteth, and who entertained the former throughout the meal with tales of western life. The rest of us, however, had great fun down in our corner. Kennedy decided not to take soup and so save room for the turkey. While waiting for the fish, we all joined in that old Christmas custom—the Holly Berry game. You score on points—if you can hit your opponents nose, score 5; face, score 2; any other hit, score one. If your opponent be a waitress, double the score; if she is under the approximate age of 21, redouble. Endicott was dis-

qualified because he used his knife, and after a thrilling contest during which even West showed signs of excitement, McCarthy came out winner. Once the turkey was served, silence reigned for some time, till finally McDougall gave a long contented sort of sigh and said that he figured he had had 75 cents worth already. Conversation commenced again in the inverse proportion to the amount of turkey left on the plates till, when everything was cleaned up, several of the boys let up. They weren't left long in peace as very soon they received instruction not to smoke till after the Loyal toast. Phin, who was one of those smoking, was heard to murmur that his book on Manners and Modes in Polite Society was apparently out of date or the Society he was in wasn't polite—yet he thought he had better get a new book. As we waited for the pudding, a spoon tossing contest was staged and some of the boys showed a rare turn of skill. Then Hugh John started to borrow spoons and the game soon stopped and when the coffee came we had to stir in the sugar with our fingers. Some speeches followed—at least I was told later that there had been some speeches. The manner in which the dinner finished is of course now history. However, it can be repeated and in case someone did not hear it. Adinell, in his exalted position at the centre of the head table, slowly rose in his seat, eyes flashing and head erect. Raising his arm in the air he called to us, "Boys, a Toronto!" He got it and incidentally brought undying fame to the Dental Faculty. Who said we had no college spirit!

NEW WEATHER PREDICTIONS

An intensely blue sky indicates temporary absence of clouds. Under other circumstances, again, an intensely blew sky indicates a tornado.

When it begins to thunder look out for lightning.

If the corn husks are very thick, the winter will be colder than the summer.

If the corn husks are neither too thin nor too thick, the summer will be warm and the winter will be cold.

When the youngest son in the family comes home three hours after closing of school, with his hair wet and his shirt wrong side out, look out for a spanking breeze.

To see the head of the family feeling in his vest pocket, then in his hip pocket, then in his coat pockets, indicates "no change."

When a woman leaves a cake of soap upon the stairs where her husband will tread upon it, it is a dead sure sign of a storm.

When a man gets up in the night, and feels along the top shelf in the dark, and knocks the big square bottle, without any label, down to the floor and breaks it, it is a sign there is going to be a dry spell.—J. W. Wolef.

THE HYA YAKA

Honorary Editor—DR. A. E. WEBSTER.

Editor-in-Chief—J. R. HOAG, 2T6. 240 College St. Res., 310 Huron St. Phone Tr. 5702.

Business Manager—R. W. HUGHES, 2T6, 679 Spadina. Phone, Trin. 8719.

Ass't Bus. Mgr.—W. J. ROSS, 2T7. 633 Spadina. Tr. 9331.

Secretary—L. R. SLEMON, 2T8. 36 Carlton St. Rand. 2137.

Associate Editor—

H. A. T. Keenan, 2T8.

Cartoonists—

P. G. Anderson
Thos. Hayhurst

Reporting Editors—

R. Harmer, 2T6.
K. W. Hettenhausen,
2T7.
P. G. Anderson, 2T8.
M. V. J. Keenan, 2T9.
C. J. Paterson, 3T0.

Sporting Editors—

Cecil Garland, 2T6.
R. C. Honey, 2T8.

Vol. XXV.

January, 1926.

No. 3



DENTAL PARLIAMENT

On the evening of January the eleventh, the students' parliament of the Faculty of Dentistry met for the third time this semester. Much interesting business was discussed, such as "the demand for shorter hours," "the remodelling of the school pin," and "the frosh handyman," etc., but sadly to say, the meagre number of thirteen students (officers included) were all that represented the student body of three hundred and twenty-five.

It is the students' parliament that carries on the Dental students' business, and it is a question whether or not the whole student body is satisfied to allow such a small group of men to settle matters of vital interest to all the students, matters of which they should have a say in, and would have a say in if they would only turn out to parliament meetings.

As an example of this, since the name of the "Royal College of Dental Surgeons" has been changed to "Faculty of Dentistry," it

necessitates the designing of a new school pin to take the place of the original pin. During parliament meeting several designs were discussed, and one in particular seemed to be the favourite. It was learned, during the procedure, however, that the freshman year had their mind set on one design in particular, and if that design was not the one which suited parliament, they would take it upon themselves to choose the school pin. Now of course this idea of the first year was absurd. But if the freshmen had wanted acceptance by parliament of their design, they might have brought this about by turning out with the idea of convincing parliament.

There are many problems brought up in parliament which, no matter how they are solved, will not please all, yet if more of the student body would turn out to parliament meetings, there is little doubt that more pleasing solutions would result.

At the above mentioned meeting Fourth Year showed most with variance by a turnout of seven men, six from fifth, one from first, and not a single one representing the third and second years!

Come on Dents! Arouse some of that dormant spirit, turn out to the next parliament meeting, and each year show the others that they can't run the whole "shooting match."

SHORTER HOURS

As we go to press the Students' Parliament is at work in the interests of shorter hours for the Faculty of Dentistry. This question was to be discussed at the last meeting, and it was unfortunate that the turnout was not large enough to proceed with the discussion. However, the student body is certainly favourable to a shortening of hours, if that is at all possible.

The reasons given by those in favour of the above question are many and varied. Now that we are an integral part of the University of Toronto, it is felt that our hours should be the same as the other faculties, namely, 9 to 5. Another argument is that with the present existing hours Dents are unable to make as much use of Hart House as they wish.

However, due to the great amount of practical work that is necessary in this faculty, it is hard to shorten the hours without omitting some of the work. Still, with co-operation between the Faculty and the Students' Parliament, it seems that some course can be worked out that will be acceptable to everyone concerned. Let us hope that shorter hours are not far in the offing—at least let us see a thorough investigation of the question before it is dropped.

CORRECTIONS

Through a very regretable oversight, mention of K. Phillips, the engineering genius of "Noctem Cuckoo," was omitted from our report in last issue. Mr. Phillips worked faithfully and well to make "Noctem Cuckoo" such a decided success, and much thanks is

due him as President of Dramatics. We sincerely apologize for the oversight.

In last issue an article appears under the heading of Dental Service. This was kindly written for Hya Yaka by Dr. Armstrong, who is doing research work in the Western Hospital Dental Clinic. His helpful remarks are derived through his connection with that institution, and we are very sorry reference to the Western Hospital was omitted.

CABINET

The Fifth Cabinet meeting was held in the Board Room, Wednesday, December 16, 1925, 12.00 a.m.

The following members were present: Vince, Garland, Hoag, Thomas, Paterson, Ross, Fleming, Phillips, Hays, Fisher.

Vice-President A. J. Vince in the chair.

Hoag—Garland—Minutes of the last Cabinet meeting be adopted as read. Carried.

Committee Reports: The Class Pin Committee submitted designs for the new Dental class pin. It was decided to discuss design more fully at next Parliament meeting:

Hays—Garland—That Cabinet present the soccer team with sweater coats, not to exceed eight dollars each in price, and purchased by the President of Athletics. Carried.

Hoag—Fleming—That R. J. Stewart be granted a D. Carried.

Fleming—Phillips—That Cabinet adjourn. Time 1.05 p.m. Carried.

A. L. HAYS, President.

E. M. FISHER, Secretary.

The Sixth Cabinet Meeting was held in the Board Room on Monday, January 11th, 1926, at 7 p.m.

The following members were present:—Hays, Quigley, Phin, Fleming, Hoag, Paterson, Thomas, Wolfe, Ross, Fisher.

Phin—Fleming—That the minutes of the last Cabinet meeting be adopted as read.

—Carried.

Quigley—Thomas—Secretary be instructed to write Secretary of S. A. C. informing him that this Cabinet is in favor of elections of all faculties being held on the same day and that a half-holiday be declared on this day.

—Carried.

Ross—Hoag—That Mr. Phin attend the O.A.C. Conversazione on February 5th, 1926. That the Secretary notify the Convener of the Invitation Committee that Mr. Phin will arrange for his own partner and accommodation.

—Carried.

Fleming—Wolfe—The action of the Treasurer in paying the following bills be sanctioned:

12. J. Brotherton (Athletics)	\$ 105 75
13. P. A. McBride (Athletics)	70 20
14. Charters Pub. Co. (1st issue Hya Yaka) ..	115 50
15. Photo Engravers Ltd. (Hya Yaka)	4 99
16. Stamps (Hya Yaka)	5 00
17. S. A. C. (Invitation expense)	2 90
18. A. D. LePan (Rent)	2 00
19. Allan & Morrison (Athletics)	108 45
20. Park Bros. (Torontonensis Photos)	48 00
21. A. D. LePan (Rent)	2 00
22. A. D. LePan (Rent)	2 00
23. Photo Engravers Ltd. (Hya Yaka)	5 25

\$ 472 04

—Carried.

Phin—Thomas—Invitations to the At-Home be sent by the President of the At-Home on behalf of the Students Parliament to Meds., O.A.C., U.C., S.P.S., Queen's, and McGill.

—Carried.

Wolfe—Fleming—That the matter of shortening the hours of this Faculty be discussed in Parliament.

—Carried.

Hoag—Quigley—That, in accordance with the initiation clause in the constitution, the Freshment Duty System be brought into force and details of the system be left to a committee of Hays, Phin and Paterson.

—Carried.

Ross—Thomas—Meeting adjourn. Times, 8.30 p.m.

President, A. L. HAYS. Secretary, E. M. FISHER.

The Seventh Cabinet meeting was held in the Board Room Jan. 13th, 1926, at 12.00 a.m.

The following members were present:—Hays, Phin, Fleming, Paterson, Hoag, Thomas, Garland, Phillips, Ross, Fisher.

Hoag—Phin—That minutes be adopted as read.

—Carried.

Phin—Thomas—That Mr. Garland attend the Arts Ball as representative of this faculty.

—Carried.

Fleming—Phillips—That the tickets to Mr. Bickerteth's surprise party be disposed of as follows:—

Cabinet	6
Faculty	1
One to each year	5

12

—Carried.

Phin—Paterson—That Cabinet adjourn. Time, 12.20 a.m.

—Carried.

President, A. L. HAYS.

Secretary, E. M. FISHER.

PARLIAMENT

The Third Parliament Meeting was held in Class Room B., Jan. 11th, 1926, at 8.00 p.m.

Vince—Huttenhausen—That minutes of previous Parliament and Cabinet meeting be adopted as read.

—Carried.

Phin—Hettenhausen—That sign be posted notifying the school of the yell competition, and that all new yells must be in before the next Parliament meeting.

—Carried.

Hettenhausen—Vince—That the class pin chosen by the Class Pin Committee be recommended to the mover of change in constitution as the official class pin of the Faculty of Dentistry.

—Carried.

Mr. Quigley gave the following notice of motion:—

I hereby give notice that at the next meeting of Parliament I will make the following motion in regard to changes in constitutions:

(a) Wherever the term R.C.D.S. occurs, this be changed to read "Faculty of Dentistry, University of Toronto."

(b) That all class constitutions have the following class officials: President, Vice-President, Secretary-Treasurer, Representatives of following activities—At-Home, Royal Dental Society, Students Administrative Council, Dentantics, Noctem Cuckoo, Students' Christian Association, Hya Yaka, Rugby, Hockey, Soccer, Boxing, Wrestling and Fencing, Basketball, Varsity Reporter, Swimming, Indoor Baseball, Rifle Club.

(c) That in the constitution of the Students' Parliament:—

Act. V. Sec. 1. "Chief Varsity Reporter" be added as an officer of Parliament and a member of Cabinet.

Act. IX. Sec. 1 be amended by the insertion of the words "President of Athletics and Chief Varsity Reporter" after the words "except the."

The amended section shall read:

"All officers of the Students' Parliament, except the President of Athletics and the Chief Varsity Reporter and the President of

First Year, shall be elected by popular vote at the annual elections every Spring. Cabinet shall be in charge of these elections.

Act IX. to have a Sec. 4 added to read:

4. The President of Athletics shall be elected by the incoming Presidents of the various sports convened by the President of Athletics then holding office. Said election to be held two weeks after the Spring election.

Act IX. to have a Sec. 5 added to read:

5. Chief Varsity Reporter shall be elected by the incoming Varsity Reporters convened by the Chief Varsity Reporter then holding office. Said election to be held within two weeks of Spring election.

Act X. Sec. 131—In regard to the official class pin be deleted and the following substituted:—

The official dental class pin for the various years of the Faculty of Dentistry shall be a large T studded with garnets, surmounted by the old R.C.D.S. shield as in the official crest. Above the crest and reaching to the top of the T, is the University of Toronto tree. Below the crest is a scroll in sky blue with the word "DENTISTRY" in gold letters. Beneath the two wings of the T are placed two numerals designating the year of graduation. All parts of the pin, except those mentioned as garnet and sky blue, shall be in gold.

Act X. shall have a Sec. 4 added to read:

The official crest of the Students' Parliament of the Faculty of Dentistry shall consist of an oval of the same size and shape as in the University of Toronto crest containing the words "University of Toronto." At the bottom of the oval is a scroll on which are the words "Faculty of Dentistry." Within the oval is the shield of the old R.C.D.S. crest. Above the shield is a scroll containing the motto "INTEGRA SANITAS." Above the motto, and overlapping the oval, is the University of Toronto tree.

Vince—Williams—That the Secretary of Parliament be instructed to forward the following communication to the Dean of this Faculty:—

We, the Students' Parliament of the Faculty of Dentistry, feel that there is no sufficient reason why the hours of this Faculty should be longer than the hours of other faculties, and should, therefore, be from 9-12 a.m. and 1-5 p.m.

The following reasons might be brought to your notice:

(a) Students remaining until 5.30 p.m. have insufficient time to avail themselves of the various privileges of Hart House, e.g., showers and tank. They have insufficient time to attend Boxing, Wrestling and Fencing classes, or to take part in the various athletics which are so common between the hours of 5 and 6. The above reason, we feel, is a serious detriment to the health of the students and the success of the Faculty in University Athletics.

(b) Running on the "half-hour" system as we do conflicts

with time tables of other Faculties in which certain of our years have classes.

—Carried.

Williams—Flach—That the "Students' Telephone" be left out of the next 'phone Directory and that this phone be used for out-calls only.

—Carried.

Kennedy—Flach—That the Faculty Executive be requested to replace the glass in the 'phone booth door.

Fisher—Kennedy—That the Freshmen's Duty Committee discuss the question of incoming students' phone calls with the Dean.

—Carried.

Flach—Kennedy—That the Faculty Executive be requested to place mirrors in the lavatories and senior laboratory.

—Carried.

Vince—Thomas—That Parliament regrets that Mr. and Mrs. T. Jones are all. Secretary should forward regrets, accompanied by flowers or fruit.

—Carried.

Hettenhausen—Ross—Meeting adjourn. Time, 10.25 p.m.

—Carried.

President, A. L. HAYS.

Secretary, E. M. FISHER.

SOCIAL

Dental Nurses Alumnae Association will hold an informal dance Feb. 5th from 9-1 at 86 Yonge St. Business Women's Club.

Take this opportunity to get in practice for the At-Home, and help make this a huge success.

Miss Alta Aitken, 46 Gibson Ave., was the hostess for a delightfully arranged skating party on Jan. 12th, 1926, the guests of the evening being the Dental Nurses and a number of their friends. After skating, the remainder of the evening was spent in music, which was very much enjoyed by all, and in contests, for which original prizes were given to the winners. At the conclusion, a dainty lunch was served and the guests departed at the early hour of ?

Walking home from a ride?

No, just waiting for another auto.

Batchy: Have you heard the story about the noise out at the stable.

Cassy: No.

It's the horse's snickers.

THE
ANNUAL DENTAL
== AT-HOME ==

will be held

TUESDAY, FEB. 16th, 1926

at the

KING EDWARD HOTEL

in the

POMPEIAN ROOM

with

LUIEL ROMANELLI

and his

KING EDWARD HOTEL ORCHESTRA

In restoring this event to the locality of the King Eddy, the Committee feels that they are complying with the general wish of the student body. Seniors, this is your last opportunity! Do not fail to be present! A good representation of each of the other classes is imperative to prove that, in spite of our diminished numbers, your wish is a continuation of this event, equivalent to the established standard of the previous years. We will show your Graduate friends a good time. Bring them out!

Undergraduates \$5.00

Graduate \$6.00

Sports



SPORTING EDITORIAL

At the commencement of the New Year we find ourselves in the whirl of mid-season athletics. Hockey, basketball, boxing and wrestling seem to be the sports most favored at our faculty, and we are not in the least ashamed of our aspirants who are taking part in the various branches of sport above mentioned. In the midst of this melee of social functions and athletic activities we are confronted with our term exams. Here the average athlete is taxed to the utmost for unfortunately he is usually enticed into numerous social events in and around the University, which occupy valuable time that might be utilized in review and study. It requires all the knowledge of team play and combination that he can muster so that he might the better govern and direct his fighting forces against his arch enemy, the exams.

In passing, it might not be amiss to mention that the showing of the school in the Junior Assault was very commendable and it was not only instrumental in bringing out some good material but also indicated that there is lots of "fight" in the old college yet. With this spirit prevalent among the different years in the school we have very bright prospects of bringing home laurels from the ice cushion, the basketball floor, mat and ring.

It is unfortunate that the Senior Dental hockey team is now a thing of the past. There are a number of good players in the fourth and fifth years.

Dewar and Yoerger are going great guns with Varsity Juniors. Richards and Devins report an excellent trip to Boston. The

"twins" were right there and helped to pile up the total score of 33 goals to 2.

The Dent Juniors started off the season in the proper manner by winning the starter 5 to 1. The team is slowly rounding into shape and prospects are very bright.

The Junior aggregation are fairly representative of each of the first three years in the college. Among the freshmen Mahaffy, Waldon and Gordon Stewart look promising. The aspirants from second year are Whitaker, Hudson, Chalmers, Somerville, Hinds and Watson, while third year are represented by Haselton, Bishop, Hewitt, Sheridan and Brock. Come out and look 'em over.

Potter, Hutchinson and Currie are making the fur fly with the senior -Inter-Collegiate basketeers. They open the season on the 22nd of the month.

Slemon of third year is a likely starter on the Intermediate O.B.B.A. team. Brown and Kennedy are lined up with the Junior Varsity basketball team this year.

Owing to illness, Frank Kohli, the Inter-Collegiate wrestler, has been unable to turn out for regular training.

Our brightest hopes for the B.F. & W. team are Kohli, Bishop, Sparling and Grant. All these men are very tricky on the mat and will be heard from later.

Captain Rowland has an enthusiastic following trying out for places on his inter-faculty basketball team. If one may judge from showings made at practice the junior school will be stronger than ever this year. Those likely to catch places are A. Stewart, Johnson, Brown, Beaub, Stewart, Luzene, Morgan, McDougall and Buchanan.

MacDougall will choose his senior basketeers from the following: Day, Garland, McKinnon, Ingledew and McKay.

Indoor Baseball

The season for indoor baseball begins for Dents on Jan. 19th, and already there have been several workouts. On January 13th there were two inter-year games at Hart House, II. defeating I. Year, and V. Year defeating III. Year. By the interest shown in these games and at the following practices, one can be sure that Dents are very much in the running and on to make it the sixth consecutive championship. "Mickey" O'Brien was elected manager, and it was a popular choice, as Mickey's ability as a player is known and as a manager he is right in his element. A practice was held on January 13th and a large number turned out. They were all good and it is hard to pick the stars at such an early date. However, the

play of Corman at first was a feature of the workout, as well as the all-round play of Sandy Lowerville, Roland is taking up the catching duties this year and should be a star, as he certainly has the speed and pep. Many others were out, including Marshall, Stewart, Quick, Johnston, Hind, Frier, Hayhurst, Grant, Maynard, as well as several more.

The governing body would not allow Dents to enter a team from the whole faculty so they are just entering a Junior team. This splits the remainder of last year's team, but with all the new material from which to choose, there is no doubt but what they will be in there battling at the finish, and we are already looking forward to another championship.

OUR SOCCER TEAM

(To commemorate the match between O.A.C. and Dents, played last fall.)

Dents team: Hutchison, Devins, Braden, Garland, Quigly, Hettenhausen, Clemens, Kennedy, Butcher, Graves and Hewitt.

Old "Hutch" stood between the props
 With gum all hanging round his chops,
 His knees they shook, but not with fear
 When the "Cow" boys came so very near.
 Our "Nubby," like a noble steed,
 Did kick the ball, his men to feed,
 And "Devie," like a warrior bold
 Kicked right and left, with power untold.
 Old "Hut," he worked with might and main,
 And kept the "Cow" boys left wing tame.
 The centre half, "Quig," layed the ball
 And helped to bring the Cow's downfall.
 Our left half, like a "Garland" gay,
 Dashed mud and water out the way;
 While "Hugh-John," in his tricky mood,
 Dazed the old "Cow" just as she stood.
 Our inside left, in dazzling form,
 Yes! "Graves" to the "Cow" was an aching corn.
 Our "Hewitt" boy at outside left
 To defenders' advances was never deaf.
 But the game is over, yet still there lies
 The savour of winning which never dies.
 And also a remembrance is in our care,
 That large bright beaker of "SILVER-WARE."

Father (from upstairs): "It is time for that young man to go home."

Albert: "Your father is a crank."

Father (overhearing): "Well, when you haven't a self-starter, a crank comes in mighty handy."

IN MEMORY OF 2T8

Dumb and thirsty was Hugh Allen,
Of H.C.H. he drank a gallon.

In loving memory of our dear Andy,
Some T.N.T. he thought was candy.

Thomas Ernest surnamed Armstrong,
Pulled a bone in far Hong Kong.

Pretty Bish was beautiful very
Died fighting to retain his cherry.

Shed a tear for poor John Brock,
A five ton truck he tried to block.

Duke Carmichael was a bum aviator,
They picked him up with blotting paper.

Most anything wet suited Howard Corlett,
But for bum Home Brew he'd be living yet.

Corman was a Scotchman who couldn't pay his board,
Because too many dentists are living in the Ward.

Omar M. Rodney was a tent maker,
Posed as a dentist. Shot as a faker.

Joseph Deagle no more is laughin',
He disturbed our lectures with his coughin'.

John Croft Dempster, whom we all call Jake,
Shuffled along from acute bellyache.

Shrinking and drying up year by year,
Devy's reduced to this little smear.

In Mano tick these ashes lay,
All that's left of Allen Findlay.

For Freddie Flora we now shall weep,
At his dimpled knees he couldn't peep.

A terrible end for Donald Frier,
Some one put strychnine in his beer.

Freddie Galloway, known as His Nibs,
Never outgrew the use of bibs.

For Willie Graham, roses send,
In memory of a frozen end.

Dig a hole for Alex. Grant,
Don't leave him there because he can't.

John Henry Graves here lies at rest,
At a lynching party he was the guest.

Hymie Greenberg, son of Moses,
Lay in the snow without his clotheses.

Smeared far and wide was James Bruce Greer,
The flyer's whistle he didn't hear.

Doctor Hare was known as Bunny,
His tonsorial styles were really funny.
Lorne Hazelton died in the same old rut
Trying to grow hair on his bald cocoanut.
For Deacon Hoy now let us pray,
With Dempsey's wife he was over gay.
Tommy Hayhurst on earth didn't smoke,
But watch him now as he shovels coke.
Duke Herbert's ashes lie in this urn,
The dynamite did more than burn.
Hands up! I cried. He didn't do it.
A marble slab for poor Bolt Hewitt.
A costly tomb for Clayton Honey,
A hunter mistook him for a bunny.
Doc. Irwin once an early riser
Forgot about his vulcanizer.
Hughie Keenan, who hailed from the Sault,
Was fond of skating till the ice broke through.
Weep no more for William Lawson,
Told his wife she couldn't boss'im.
No need of a wreath for Gordon Craib Layter,
A rather tough meal for one alligator.
Abraham Leth thought he smelt a gas leak,
So he lighted a match, the hole to seek.
Lindsay's hair on earth was red,
But so are his essays now he's dead.
An order of lillies for Lipson the shiek,
On a straight pork diet he lasted one week.
A stubborn bird was Mathew McBrien,
Tried to catch a chimney upon his bean.
Hughie McCaffery had political dreams,
But a well thrown brick put an end to his schemes.
John Allan MacDonald, our moral leader,
Jay walking again. Along came a speeder.
Pushing the daisies from beneath
Is Donald McDougall, the filler of teeth.
Kleagle Maynard, with Ku Klux gall,
Wore his robes into Newman Hall.
Frederick Stewart Mills of Klu took a wiff,
Two years in the pickle and he smokes a good stiff.
Leonard's come down, they told Mrs. Mitton,
The scaffold gave way on which he was sittin'.
Steamer Moffat of bootleg drank half a case,
Up at Mt. Pleasant they're throwing mud in his face.

How Dicky Moore died is easily guessed,
Licking his lips and hand on breast.
A horrible mess what's left of Shag,
At a bad bad bull he waved a red flag.
Wes. Richards was a bowlegged egg,
Instead of a coffin he lies in a keg.
A disgusting end for Murray Robb,
At eighty-three he smoked a corn cobb.
The fragments of "Rolly" lie in this dish,
His idea of a dancer he wished on "Bish."
James Robson, once a noted writer,
Fell for the charms of Aphroditer.
William Romph, the son of a baker,
Has a date with the undertaker.
A terrible end for Thomas Neal Scott,
Hung to a limb and left to rot.
Poor old Sheridan fell out of a plane,
He was close to heaven but went down just the same.
Erect a cairn for Leo Rex
Who made a mess of switching decks.
A foolish thing did Bill Snodgrass,
When he tickled the heels of a sleeping jack ass.
Ross Sparling once the far-famed atlas
Was smothered with lime beneath a mattress.
Stanley Stacey in the end went West,
His cleve-dent crane of him got the best.
On Alex. Stewart a piano fell,
Some chords were lost but he got well.
With weeping and wailing and nashing of teeth
Round Tilly's neck we hang a wreath.
For Charlie Edgar the bells now toll,
What he thought was a shadow was really a hole.
By the North so hardened was Wolfe the rake
That they sharpened his feet. Drove him in like a stake.

Saying it With Flowers

Tom Drier tells a very human story about a charmingly delicate New York girl who, blushing and smiling in a filmy wedding gown, came daintily up the aisle, her gossamer veil floating like a mist about her head. According to the witness she was any man's best bet for an angel. Just at the altar she stubbed her toe on a potted lily resting on the floor. On regaining her equilibrium she said to the minister, "That's a hell of a place for a lily."

THE SUM OF LIFE

Nothing to do but work,
 Nothing to eat but food,
 Nothing to wear but clothes,
 To keep one from going nude.

Nothing to breathe but air,
 Quick as a flash 'tis gone,
 Nowhere to fall but off,
 Nowhere to stand but on.

Nothing to comb but hair,
 Nowhere to sleep but in bed,
 Nothing to weep but tears,
 Nothing to bury but dead.

Nothing to sing but songs,
 O well, alas! alack,
 Nowhere to go but out,
 Nowhere to come but back.

Nothing to see but sights,
 Nothing to quench but thirst,
 Nothing to have but we've got,
 Thus through life we are cursed.

Nothing to strike but a gait,
 Everything moves that goes,
 Nothing at all but common sense
 Can ever withstand these woes.

They stood beneath the mistletoe,
 And the lad, of course, he kissed her.
 Her sister saw them, grew enraged,
 Because the kisser was engaged
 To wed the kissee's sister.

Gord Glascott, 2T7: "Why do you say you went 'coupeying' instead of riding last night?"

Griffith, 2T7: "Well, she did the cooing and I did the paying."

Sproule, to patient: "That's the finest inlay I ever made."

Patient: "Well, don't let that discourage you, old man."

"When the eyes are shut, the hearing is more acute," says a medical authority. Probably this explains why McDougall, 2T6, keeps his eyes closed during lectures.

THE DENTIST

How I should hate to be a Dentist,
 The probing, scraping Instrumentist
 Who drills and grinds with grisly Tools
 Devised by Golliwogs and Ghouls!
 He gloats on what appears to be a
 Decided Case of Puorrhea;
 And, oh, what Horrid Joy is his
 To find three Brand-new Cavities!
 He gaily grooves your Molar ,taking
 But little Note of how you're quaking
 For Fear the Whirring Burr should swerve
 And touch the Tense, Expectant Nerve.

He never dreams, the Ruthless Duffer,
 How Finer Souls like yours can suffer;
 Across your Mouth—poor, Patient Lamb!—
 The Ruffian rears a Rubber Dam.
 He gags you well, then prates and patters
 And asks your Views on Weighty Matters,
 And when you gargle, "Ow-wah-oo!"
 Replies, "That's right; I think so, too!"
 —Arthur Guiterman.

ANYBODY'S BUSINESS?

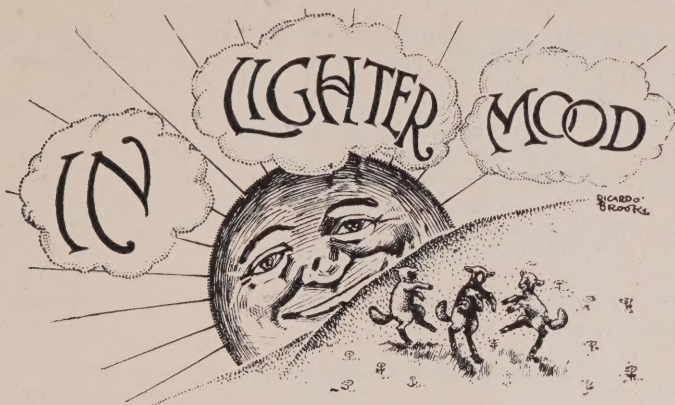
Is it anybody's business, when a young man goes to call,
 If he enters at the kitchen, or the parlor, or the hall?
 Is it anybody's business, but the girl's he goes to see,
 What that young man's name and station in life may chance to be?

Is it anybody's business if he stays till it is late?
 Or anybody's business if she follows to the gate?
 If he kisses her at parting, and she does not seem to grieve,
 Is it anybody's business, but the man's who takes his leave?

If he comes to take her walking on a pleasant afternoon,
 Is it anybody's business that they do not come back soon?
 If by chance they come together upon the public street,
 Is it anybody's business if she blushes when they meet?

If he goes to see her Sundays, and often stays to tea,
 Is it anybody's business what his business there may be?
 Is it anybody's business what sort of beau she's got?
 Or anybody's business if she loves him, or does not?

Is it anybody's business? I would really like to know.
 If it's not, I'm sure they're many who try to make it so.



Distrubed Vision—By 4.4

It is rumoured throughout the school that at midnight on the eve of December 31st, Colin C. Rous was to be seen at work on the inscription over the front door, trying to oblitate it with a 48s chisel!

"You're looking poorly, Griff. Why don't you go and see a doctor?"

"I did. I saw one this morning."

"What did he say?"

"No."

The Ancient Egg

A middle-aged bachelor was in a restaurant at breakfast, when he noticed this inscription on his egg: "To whom it may concern: Should this meet the eye of some young man who desires to marry a farmer's daughter, eighteen years of age, kindly communicate with _____"

After reading this, he made haste to write to the girl offering marriage, and in a few days received this: "Your note came too late. I have been married five years to-day."

Ernie Carr and Ed. Murphy wish to announce that their moustaches are now almost long enough to bite. Congratulations, boys. We haven't seem them yet.

Bus Stewart, in great excitement pacing up and down and wringing his hands, exclaimed: "Doctor, tell me quick, am I a father or a mother?"

Lloyd Hertel, 3To wishes to announce the arrival of a wisdom tooth.

—————(?): "I'm afraid this bed isn't long enough for you."

Hutch, 2T7: "That's all right; I'll add two more feet to it when I get in."

She Wanted to Know

He said he had never loved before,

As he gave the girl a kiss.

"Then how," asked the girl,

With her head in a whirl,

"Did you learn to love like this?"

"A kiss speaks volumes," they say, and we hear Tom Watson, 2T7, is starting a library.

Sayings of Famous Men

Doc. Clarkson: " . . . and at that time I was suffering from a bad cold despite all the cough remedies that a doctor would take—and these, I might say, are mighty few.

Doc. Cummer: "Now then, d'you see? Is it quite clear to you all?"

Swales (in path. lab.): "Please, Miss Riddle, will you come over and explain my drawing?"

McCarthy: "Got yer techinque set up finished?"

Rodgers: "It was, till Doctor Bothwell saw it."

McDonald, 2T6, in path. lab., interrupting one of Doc. Graham's little talks: "Doctor, could you tell me what difference it would make to a dental operator if a granuloma were composed of epithelial or endothelial tissue?"

Doctor Hugill: "Just sharpen up those line-angles a little more."

A. A.: Didn't you become indignant when Henry kissed you the other night?

D. S.: Of course, everytime.

No matter how angry your girl may be she always "makes up."

Dr. Mason: "And how is your golf game these days, Dr. Kreuger?"

"Increasing bad, Doctor; I'm going from bunk to bunker."

Thurston: "Why didn't you come home last night, Nifty?"

Nifty: "Had an eclipse."

Thurston: "What d'yah mean?"

Nifty: "Too much moon."

"I'll pass the butter," said Charlie, as he tip-toed past the sleeping goat.

Dr. Hunter: "Mention three substances containing starch."

C. E. Toll, 2T8: "Two cuffs and a collar, sir."

Eddy: "But kissing is unhealthy."

Helen: "Well, doctors must live."

Unkind: "Ah, we doctors have many enemies in this world."

Unkinder: "And more in the next!"

It's better to be slapped in the face than never to have loved at all.

Skirts are getting shorter, affording a kneesier view, as it were.

Nature supplies our faces, but at times we can select our own teeth.

Another Flash

"Whither away, Stranger? What wouldst?" cheerioed St. Peter, as he leaned out over the pearly gates.

"Gosh, let me in," muttered the wandering soul of convict No. 999, just released from the electric chair. "I just had the shock of my life."

"That's the guy I'm laying for," said the hen as the farmer crossed the barnyard.

"Love me little, love me long,"

Used to be the proper song;

But now to make the girlie happy,

It's "love me much, but make it snappy."

Mary had a little frock,

A trifle light and airy;

It didn't show the dust a bit;

But didn't it show Mary!

Little Jack Horner sat in the corner,

His brain was in a whirl;

His eyes and ears were full of hair,

His arms were full of girl.

The Height of Economy

Mitton of 2T8 has persuaded his best girl in Walkerville to take up dental nursing.

A Close Call

The chesterfied held the twain;
 Fair damsel and her lovely swain—
 Heandshe.
 But hark! A step upon the stair!
 And mother finds them there—
 He——— and ——— she.

“Where are the fraternity men’s quarters, Sambo?”

Sambo: “Ah don’ think deh has any, sah. I’s been here two weeks shinin’ dey’s shoes and pressin’ dey’s cloes and all ah’s seen is two nickels.”

Dr. Clarkson, at lecture to nurses on bandaging: “Now we have bandaged a finger and arm. I would like a volunteer to have a knee bandaged.”

Nurse: “Is that really necessary, Doctor? Couldn’t you bandage the leg of a stool?”

Nurse: Mr. McCarthy, there is someone for you.”

McCarthy: “Oh, what is it?”

Nurse: “It’s a boy.”

Jeffries: “Congratulations, old boy.”

It was evening when I came upon the old man. He had taken off his shoes and was resting, sitting on a stone bench by the side of the road. The sun was setting and the last ruddy glow of day was fading. He beckoned to me to be tranquil for the moment and to sit down beside him so that we might the better philosophize and enlighten each other in the discourse of his travels. A broad tree-covered valley separated our lookout and horizon—the old man seemed to be feasting on the beauty of the scene. That distant, far-away look in his eyes was truly a study, his white flowing hair and the soft set lines in his face marked him as a man of breeding and culture. Suddenly he drolled forth in this fashion: “My son, we have travelled much; we have observed the customs and habits of many peoples; our thoughts are many; our philosophy well founded; we revel in the company of a thinker and glorify the god of wisdom. Yet do we know who sharpened our shoulder blades? Are our eyes academies because they have pupils in them? Was the crook of a man’s arm ever put in jail—and for what? Is it possible to lie in the shade of the palm of your hand or beat on the drum of one’s ear? Could you shingle the roof of your mouth with the nails of your toes—why not grow corn on the ear? Has the calf of your leg a soul like your foot, or could you drive your calves across the bridge of your nose? Could you put the cap of your knee on the head of a boil or hammer the nails on your toes?

Sounds Logical

"Papa," said the small boy, "what do they mean by college bred? Is it different from any other kind of bread?"

"My son," said the father, "it is a four years' loaf."

A Great Comfort

A rich but very eccentric man died. The clergyman, who was young and new to the parish, thought it a fitting opportunity to call and comfort the widow. "You must not grieve," he told her. "The body that lies here is not your husband. It is merely a husk, an empty shell—the nut has gone to heaven."

A Masterful Male

"So you let your husband carry a latch-key?"

"Oh, just to humor him. He likes to show it to his friends to let them see how independent he is—but it doesn't fit the door."

Although Ted Bramah is a verl good musician he will have to jack up on a few points. In histology he was asked to describe the enamel organ and Ted said that was a new one on him. Don't worry, Ted can play about 10 instruments now nd he'll soon master this tricky enamel organ.

Our wise cracker, Whitmore: How's the buckle surface of your over shoe?

Nutty S., to palmist: When shall I get married?

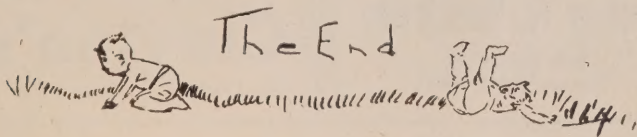
Palmist, with a disturbed look: Grab the first one you see.

They shot the Scotchman that tipped a canoe.

The difference between an automobile and a wagon is the former is drawn by horse power and the latter by horse sense.

Barber: Ah, you shave yourself.

Jerry: No, sir; I was thrown through a windshield of an auto yesterday.



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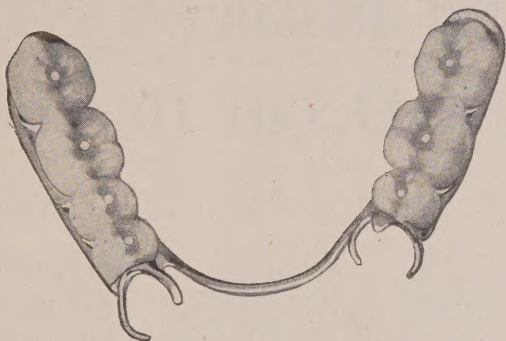
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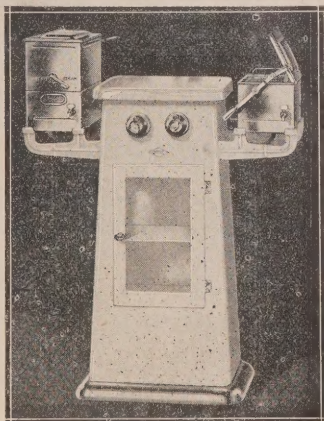
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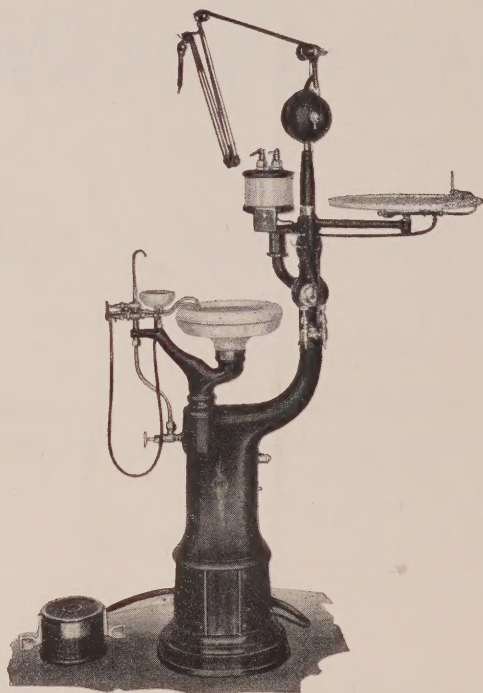
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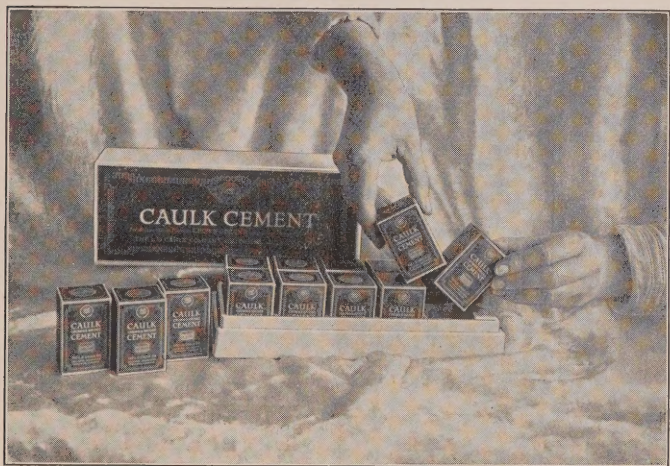
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THE HYA YAKA

Vol. XXV.

February, 1926.

No. 4

Present Concepts of Periodontoclasia

By Harold J. Leonard, B.A., D.D.S., Minneapolis, Minn.

Associate Professor of Oral Hygiene and Pathology, University of Minnesota

(Read before the New England Dental Society, Boston, Mass., October 15, 1925.)

Like all other diseases, periodontoclasia, or dental periclasia, has up to within a very few years been regarded as a curse of God without rhyme or reason. It was expected that as people grew older they would lose their teeth by loosening and that various other afflictions, such as rheumatism, would occur. It was not until 1914 that an understanding of this group of diseases began to dawn upon the profession, and even yet there is much to learn. However, before this time some valuable clinical observations had been made. It was discovered that the periodontal tissues could be made healthy in many cases by scaling the teeth and keeping them clean. It was believed that the disease was in some way related to rheumatism, diabetes and some other systemic diseases. It was known that certain racial or social groups were greatly predisposed to it, while others seemed fairly immune. It was known to be a disease of later life. It was known that dogs, especially house dogs, usually were affected by it in their old age, while wild dogs, or even domestic dogs that lived a vigorous outdoor life, usually were not.

In 1914 the bacterial nature of the disease became well recognized. It was discovered by Henrici and Hartzell, Kate Collins and others, that the mouth streptococcus, or *Streptococcus viridans*, was always associated with the lesion, and that it could be found frequently in pure culture far in advance of any visible pathological changes. This work has been duplicated and advanced by Kligler, Rosenow and many others until now it is generally believed by scientific students that these bacteria are a very important factor in the breaking down of these tissues.

Other microorganisms have been studied, such as the ameba buccalis, almost invariably found in gingival exudate, the fusiform bacillus and its accompanying spirochete of Vincent, usually present in all gingival debris and the predominant organism in ulcerative stomatitis. But it seems now generally conceded that the ordinary gingivitis and periodontoclasia are the result of invasion of the ordinary mouth streptococcus, perhaps aided and abetted by

other germs, such as the pus formers, into tissue for some reason lowered in its resistance.

Causes

The causes of such lowering of resistance were next attacked. It was observed that in some mouths the disease progressed evenly, causing a gradual destruction and wasting of the tissues, while in others, certain places only would be attacked leading to deep pockets in certain spots, with little damage elsewhere in the mouth. By careful clinical observation it was discovered that the deep pockets and isolated lesions occurred at spots where irritations of some type could be demonstrated: food impinging between teeth, a rough enamel or filling margin and, last of all, undue occlusal stress on the tooth leading to a movement in the socket greater than the normal.

Credit is due to Dr. G. V. Black for emphasizing the most of these mechanical irritants, and to Dr. Paul Stillman for calling attention to the occlusal trauma. Although others had observed it as a cause, it was not until the time of his pronouncements that undue mechanical movement of the tooth in its socket came to be recognized as the great cause of damage that it is.

It has been observed for a long time that teeth irregularly placed, so as to leave little room for tissue between, were subject to developing pockets at these points. It was also observed that the gingivae receded and pockets developed where salivary calculus accumulated or where amalgam or restoration edges impinged on the periodontal ligament. Gradually these observations were correlated to mean that anything which interferes with the blood supply to a part or the whole of the gingival tissues lays them open to invasion by bacteria. Thus a mouth with a frail alveolar process, long narrow teeth with but little interproximal space, and a very thin, pale gingival mat overlying, means less blood supply and less resistance than one with thicker, heavier tissues. Usually the frail jaw is so from lack of function from infancy. It is of low resistance, therefore, not only from a delicate anatomic structure, but also from a lack of the function that keeps the blood surging through the tissues. Blood stasis, that is, slowing or stoppage of the blood stream, offers the opportunity for bacterial invasion of the tissues. Very few bacteria can live in freshly circulating blood. But blood that is stale, that has stood until its vitality is damaged or lost is one of the best cultural media there is. Rosenow and others have demonstrated the bacteria right in the living capillaries in these cases of blood stasis in chronic inflammations about the teeth. This is a very important point to bear in mind in understanding the causes and treatment of this disease.

For a great many years it has been believed that this disease was of systemic origin, and there is no doubt that systemic conditions can play a great part in it. One of the manifestations of scurvy in both man and animals is a type of periodontoclasia. Not only lack of vitamin C, the antiscorbutic, but lack of vitamin B, the anti-

neuritic, can cause periclasial symptoms to develop in many of the experimental rats. The work of Howe and Grieves leaves no doubt that various dietary defects can be causes for this disease developing in animals otherwise immune, and that it can be checked in them when the diet is corrected. The very common association of certain types of gingivitis and periclasia with diabetes or pregnancy, with typhoid fever, tuberculosis or other wasting disease, all point in the same direction. We interpret these things to mean this: The bacteria are always present on the teeth and about the gingivae. Even in a mouth scrupulously clean, a milligram of tooth scrapings will contain several million bacteria. When undisturbed the bacterial mass may contain several hundred million bacteria per milligram, as carefully worked out by Kligler. A single sheet of newspaper, an eight-inch square weighs approximately a milligram. With this number of bacteria about, many of them mildly pathogenic, it does not takemuch damage to the tissue cells before invasion occurs. Any disease that lowers the vital powers of the body cells open the way for invasions where bacteria are present to invade.

There are indications that the body metabolism is closely related to this disease. The buffer value of the blood toward acid, its ionic calcium content as against its potassium, seem to modify considerably the course of the disease. Dr. Price has speculated very ingeniously along this line and has brought some very interesting evidence in support of his theories. He thinks that the presence of a high ionic calcium in the blood is a protective mechanism. When infection occurs at any point, a very strong reaction is set up at that point in the individual of high ionic calcium. There is much pus formed, much destruction of tissue and rarefaction of bone, due to the reaction, but little damage to the body because of the local quarantine. In the individual of low-blood calcium there is little resistance to bacterial penetration. Instead of the more violent reaction a slow change occurs, leading to tissue proliferation rather than destruction. In periclasia cases this would show up as hypercementosis of the root and condensation of the surrounding process with but little pus flow, serumal calculus or signs of inflammation. In these cases the bacteria have easy access to the body tissues and systemic symptoms result—rheumatic pains, malaise, nervousness, susceptibility to tuberculosis and so on. Clinical observation fits in with this theory, so that pending further research it can be used as a working hypothesis.

It might be well to say at this point that one does not commonly observe from dental periclasia the systemic lesions so commonly resulting from apical granulomas or tonsil abscesses. Rosenow believes the special tissue affinities of the streptococci for heart valve, kidney, appendix, stomach wall, etc., are developed as a result of certain oxygen tensions in the lesion of the focal infection which are deep in the tissue isolated from the air. In gingivitis and dental periclasia the lesion is exposed to the outside air, and the oxygen tension in the lesion is probably little different from that in the

mouth. The streptococci deep in the periclasial lesion, therefore, while just as pathogenic locally as those that have worked down the root canal and developed in the apical granuloma, are not so specific when they are carried to other organs by the blood stream. Their effects are more like toxic effects: rheumatic pains, nervousness, tiredness, sleeplessness, rather than definite organ or tissue lesions.

Another systemic relationship to dental periclasia relates to overeating. To Dr. G. V. Black belongs the credit for a very interesting bit of research along this line. Dr. Black wore an artificial denture in his later years and he discovered this denture became coated in the usual spots with calculus if he overate. This started him on a special study by which he discovered that salivary calculus is poured out in the saliva as a combination with a protein in a colloidal form from one hour to three hours after eating more than the body needs, especially if rest or sleep is taken after the meal. By reducing the diet, or changing the type of food, or exercising vigorously after the meal, no calculus appeared.

This research has never been followed up or extended as it should have been, but it gives a clue to the source of bacterial culture media in the mouths of those who habitually overeat. Not only is calculus poured out, but it is combined with protein. And such protein is ideal for culturing bacteria. The decomposition products of protein by bacteria are alkaline. One seldom finds caries in the mouths of the big eaters where much calculus is present, certainly never in the same area with it. There are many leads from this little discovery. It is my hope that the next year or two may see some of them opened up.

Pathology

Having studied the causes, let us for a moment study the effect of these causes on the periodontal tissues. The work of Dr. Harold Box has done very much to clarify this whole subject. He found that there are really two disease processes going on in most cases of dental periclasia. One is the infection which works its way down from the gingival crevice. The other is a degenerative change occurring in the pericementum, soon involving the alveolar bone and finally involving the gingiva, which is due to the effects of greater than normal movement of the tooth in its socket. If these two disease processes are present together, a very rapid destruction and pocket formation occurs. Let us study them one at a time.

Bacteria invade the gingiva at the base and inner side of the gingival crevice, where the epithelium is always very thin and frequently imperfect. If the number of bacteria are great enough because of an unsanitary condition, or the vitality of the gingival cells is lowered enough, invasion occurs. The bacteria are carried deeply into the tissues by the lymph streams and damage to the tissues gradually occurs. In one type of individual an acute reaction occurs with pus flow and rapid destruction of tissue leading to pocket formation; in another, but very slight inflammatory reaction will

occur. All varieties lie between. With such slowly invading and mildly pathogenic germs as the *Streptococcus viridans*, the reaction is rather a characteristic of the patient, and in no sense a measure of the amount or virulence of invasion. A most profuse pus flow in one patient may mean no more invasion than a scarcely perceptible deepening of color in the gingivae of another. Infection must be measured by signs much more delicate than pus flow.

The reaction, of whatever type, leads to degeneration of the epithelium lining the gingival crevice, exudation of fluid from the raw surface, formation of serumal calculus depositing from this gingival exudate just as salivary calculus does from saliva. In some persons there will be much serumal calculus, in others very little, just as is the case with salivary calculus. Swelling of the gingiva occurs and softening of the connective tissue fibers of the gingiva and pericementum. The gingiva hangs away from the tooth, food and bacteria get in in abundance and the disease progresses. The fibers of the periodontal ligament or pericementum finally are dissolved to form a small ulcerated pocket. The alveolar crest is resorbed ahead of the advancing zone of inflammation, and the process goes on if there is no interference, until the tooth loosens and is extracted. This is the simple infective type. Any factor that lowers the vitality of the gingival and periodontal tissues at any point will cause the disease process to develop more rapidly at that point, leading to localized pockets. These will be found between teeth where food packs, at points where filling edges impinge, and at points where more than normal movement occurs in a tooth.

The degenerative disease process of which I have spoken was first worked out and described by Dr. Box in the last two years. His work clarifies the whole subject and gives us the pathologic basis for our knowledge of occlusal trauma. By means of innumerable sections of teeth and investing tissues in various stages of mobility, he discovered that in teeth in which more than normal stress occurs, a definite pathologic change occurs on the side toward which the tooth is hammered. The blood-vessels of the pericementum close up and the fibers of the pericementum become replaced with islands of fibrous connective tissue, the fibers of which surround the blood-vessels rather than support the tooth. These islands enlarge, coalesce, and finally invade the alveolar bone, cutting bay-like excavations in it. The bone is thus cut away on the side next to the tooth. In the radiogram this would show up as a thickening of the line of the pericementum. The plate of the bone lining the socket may be entirely cut away or the bone-cells may be stimulated to build more bone, thus creating another bony plate or periodontal lamina in many cases much thicker than the original. In any case, the receding of the bone and the degenerative change which destroys the normal periodontal fibers leave the tooth definitely loosened. Many such teeth can be found with no pockets or signs of gingival inflammation. When one visualizes the changes that have occurred to allow greater than normal mobility in a dangerous character of

this symptom. If this lesion goes on long enough, the alveolar crest will recede and with it the gingiva. Various other changes in the gingiva are also symptomatic of the degenerative changes going on underneath.

When infectious periodontoclasia occurs on a tooth thus affected by degenerative changes due to trauma, the results are bad indeed. The faulty blood supply of the degenerated tissue offers little resistance to invasion. Pockets soon develop which may reach to the apex of the root. It is thus we can account for those cases where, in a mouth with very little disease at first glance, we may find here and there hopelessly deep pockets that may lead to extensive extraction.

There is another disease of the gingival and oral tissues which is very little related to dental periclasia. I refer to ulcerative stomatitis or, as it has frequently been called since the war, trench mouth. Ulcerative stomatitis is usually an acute ulcerative condition due to infection by the fusiform bacillus and its accompanying spirochete of Vincent. It actually destroys the tissue as it progresses, leading frequently to deep holes between the teeth. Frequently it is not acute but chronic, and may produce so few symptoms that the patient does not seek relief until very extensive tissue losses have occurred. All degrees of acuteness are found, from the fatal, if unrelieved, to that which runs for years with little discomfort. The symptoms are odor of decaying flesh on the breath, bleeding gingivae and destruction of gingival tissue as though cut away. At Minnesota we are using a very simple remedy and finding it much more effective than the complicated, expensive and troublesome ones suggested in the literature. It consists of equal parts of 1:1000 mercury bichlorid solution and very fresh hydrogen peroxid. A teaspoonful of the mixture is held in the mouth for sixty seconds, four times a day, flushing it vigorously through the teeth while holding it. Relief is usually immediate within a few minutes in the very acute cases. Two weeks of use, together with thorough periodontal treatment after the soreness is gone, may be necessary to insure no recurrence. Organisms protected under third molar gingival flaps or loose crowns will reinfect the mouth.

Treatment

Having now studied the causes and pathology of periodontoclasia, let us study its treatment. Scientific treatment must lie in a removal of the causes of disease so that the tissues can heal. It must also consist in invigorating the tissue cells to the highest type of resistance and recuperative power. These are the two objects and these only. Knowing the local causes of the disease, they can be readily attacked. Bacteria on the crown and root surfaces of the teeth can be mechanically removed. This involves not only soft deposits but also salivary and serumal calculus, etched enamel, faulty contacts. The teeth and roots must be left fairly polished and in such shape that the exposed surfaces at least can be kept so by the patient. It is of no importance what instruments are used

for this purpose, just so they are adapted to thorough work, and are delicate enough so that the soft tissues need not be lacerated in the operating.

Next, occlusal trauma must be corrected. This may be due to shifting teeth because of extractions, to bad habits, such as locking the jaws at night, to malocclusion or to faulty dentures. In any event it must be corrected if the tooth or teeth are to be saved. The diagnosis by which this may be done is, in many cases, the most difficult of anything in dentistry. In many cases ideal results are simply impossible. But Nature is kind, and given half a chance the tissues will do wonders.

Having found and corrected the causes of disease, it remains to build up the tissue vitality. Locally this is done by massage, systemically by building up the whole body. If systemic disease is present it must of course be treated. Otherwise the rules of hygiene must be followed. It is surprising how many cases of dental periclasia will not respond to local treatment until worry, overwork, overeating or lack of sufficient exercise is overcome. The dentist must know the rules of personal hygiene as he does his operative dentistry if he is to treat his patients fairly.

Massage is applied to the periodontal tissues, first, with the toothbrush, second, with the finger tip and, third, by efficient mastication. The Charters' method of toothbrushing coming into general favor gives the proper massage. The hard brush bristles worked gently into the interproximal space bear down on the interproximal gingiva in their working, forcing the blood out and in many times. With this method efficiently used no spot about the gingiva can long remain in stasis. Gradually the circulation is restored, the fibers tighten and health supervenes.

There is no doubt but that reattachment to a certain extent occurs in pockets of not too long standing that are properly treated. Scientific evidence by Box and J. O. McCall, as well as clinical observation, is convincing on this point. Patients will vary in their response to treatment. It is not always possible for the dentist to overcome the effects of an acidosis or a tuberculosis. But there is no room for pessimism in periodontia. Taken before too hopeless loss of attachment or loosening has occurred, the vast majority of cases of periodontoclasia are curable, that is, can be put in a state of health. Surgical resection may be necessary in some instances to make some spot accessible to cleansing or massage. As a routine, however, it is not a good treatment because it involves unnecessary loss of tissue and exposure of roots.

There is simply no room in such a scientific system of treatment for so-called pyorrhea cures, whether drugs, radium, actinic light or electricity. The sooner we get away from looking for some cure-all, the sooner we can commence to get accurate results. Most dentists in this respect are where medical men were twenty-five years ago when homeopathy reigned. There is much too much superstition in the dental profession where there should be science. To

use a so-called pyorrhea cure because a salesman advocates it and can back himself up with testimonials, is too naive for any person who claims to be scientific at all. We must know our causes of disease, our pathology and base rational treatment on them. Scientific medicine is getting away from drugs except in so far as they are known to give specific effects which are desired. The brazen effrontery with which proprietary pyorrhea cures of secret formulae are foisted on the dental profession is an insult to it. The proprietary medicine concerns, losing out in medicine, have turned to us, since our ignorance, superstition and credulity are easily recognized. The sooner we cease looking for cures and start looking for causes, the sooner we will be getting real results and an understanding of our failures when they occur.

It is the duty of dentists to do this work. Because the dentist dislikes scaling the teeth in a dirty mouth and prefers operative dentistry, does not relieve him of the duty of doing it. The physician cannot refuse to treat the smallpox case because it is loathsome. We are members of the healing art, with all that that implies, not mere art craftsmen. We have obligations to patients that we cannot escape. Almost as many people have periodontal disease as have dental caries. Dentists must equip themselves to treat the one as well as the other.

Reprint from "Dental Cosmos," Feb. 1926.

The Reformation

The reformation of the inhabitants of the entire regions in the Dental Infirmary will take place a short time after the publication of the next issue of Hya Yaka in the present year of 1926. In order to make this reformation a complete success I—it really doesn't matter who "I" am, I'm just any one especial victim that might sally forth into the dangers of the Infirmary battlefield,—at any rate, I am going to do my bit, as the saying goes, by bringing to light some trivial details, although very insignificant now, show a tendency to become grave matters if they are allowed to develop to any further degree.

I think you will all agree with me when I say that if you are going to be a dentist, for example, you should do everything accordingly. Yes. And if you have a suppressed desire to be a pugilist you should follow that art, exclusively. But to try and combine the two is entirely absurd. It seems that there exists one man at the college—there may be more that I have not been submitted to—but there is one at any rate who has an abnormal amount of ambition and exhausts it along these two particular lines. Now to eliminate the trouble he is going to cause by giving the patient the false impression that he is only a nice gentle, clever little fellow who will do away with that abominable toothache, while technically speaking he is a very clever dentist who packs a knock that equals forty tons and is not an automatic one either, I would suggest that he would

be asked to wear his trunks and boxing gloves into the Infirmary. Thus the patient seeing him in the dental room would know he was a dentist, now, or to be, and seeing his regalia would also recognize him to be a proverbial "knockout."

This case is becoming serious. A patient has already discovered this particular man and his secret sin as she was heard to remark the other day: "Here comes my little sparing partner." And I think that little "demi" was but a few chairs away.

For the personal benefit of a certain young man named Carl, I would announce that the Gospel Hall are commencing their first street-corner instructions next Friday at the corner of Devil's Elbow and Gasoline Alley. I am sure they would be pleased to help him forget a certain "Litany of Damns" that he has been known to use.

Another young man should take up the "Control of the Nervous System," starting with the eyes. I notice that where the female species is concerned he generally loses control of the shift-gears.

Dentist Tario should try to forget that he once worked in a rope factory and leave his line at home.

Dentist John should cease to encourage giddiness in the weaker sex.

I once heard one of the students remark that where there are two Jews there are three opinions. I would be very pleased if he would explain another remark I overheard, being: "Why is a sick Jew like a diamond?"

I would also announce that the girls do not object to this "head on the shoulders act," but would be very pleased if the boys would remove the pens and pencils from the top pocket of their coats. This includes my little "demi" also.

Special Note: All dentists, and would-be dentists, should be careful while digging post-holes, for as you know, the average patient, having a drill, a mirror, a chisel, a bridge construction, a dam, half a gold mine and a platinum foundation being laid in a "devilized" tooth (for the benefit of students, we patients will cipher this word, giving as its origin, devertilization), a couple of dentist's fingers and a post in their mouth all at the same time are very apt to lose count and swallow some of the landscape.

I know that these pointers will be greatly appreciated by the whole organization and to relieve the embarrassing position in which you will find yourselves I will tell you that I realize your gratitude and that these suggestions are given very gladly by me, and that I always wished to be considered just.

"A FRIEND."

B. Careful

"Mother, may I go out with Jim?"

"Yes, my darling daughter,
Roll the hose on each pretty limb,

Treatment of Nonunion of Fracture of Mandible by Free Autogenous Bone-Grafts

FULTON RISDON, M.D.
Toronto

The indications for bone-grafting of the mandible are: nonunion of fragments of long standing; to replace lost bone due to gunshot wounds; carcinoma; infection, cysts, etc., provided enough of the ascending ramus is in situ or to protrude the mandible when the mental process is deficient.

The preliminary steps may be thus summarized: The patient is examined to ascertain that all infection has been cleared up for at least five months, and that there are no teeth adjacent to the ends of the fragments. The roots of the teeth are always a menace to the graft, and, unless they are removed, sufficient bulk of the graft cannot be inserted. If it is found necessary to remove any teeth in this area, the operation should be deferred for two months. Of course, there are exceptions to this rule, one being when only one tooth remains in the posterior fragment; but in this case greater care is taken at the time of the operation to see that the root area is not included in the bed for the graft. A consultation should now be had with one's dental colleague if not before, as to the desirability of the type of splints to be used, and as to the width of the desired arch of the mandible. A modified Hammond splint has been used by our colleagues, Drs. Campbell and Gordon, with a pin and tube attachments for locking the lower to the upper jaw; and the metal of choice has been Victoria metal, supplied by Claudius Ash, Sons & Co., of London, England. Any metal which, after it has been cast, has still some temper and is strong, meets all the requirements. We have used coin silver with equally good results, but care should be taken in casting that the baser metals are not lost. Should this occur, it is easily detected, as when the casting is pressed over the teeth the splints spread at the widest part of the teeth and do not grip at the cervical margin.

These splints are cemented with Ames copper cement four days previous to the operation, and the pins are inserted in the tubes on the second day.

The diet of the patient must, of course, be changed, and he is placed on a semisolid diet, including soups, mashed potatoes, minced meats, egg-nogs, junkets, etc., and one bottle of stout a day. These patients do not lose weight but, of course, are not working.

The right or left hip is prepared by the nurse the day before, as the bone selected by us is always taken from the crest of the ilium. We have used the rib with success, and also the tibia, but prefer the ilium for the reasons that it is very easily and quickly obtained; it is more cancellous than either of the bones named above, and greater bulk of bone can be obtained. We assume to a large extent that the

theory of absorption of the entire graft and its replacement later by bone-forming elements, as outlined by Gallie and Robertson, is the accepted theory of bone regeneration. If we accept this, the more cancellous the selected bone is, consistent with its strength, the greater proportion of successes should follow its use, and this we have found to be a fact in actual practice.

The type of anesthesia employed is of considerable importance, as the anesthetist must at all times after induction be some distance away from the field of operation. We prefer the intratracheal, in which a catheter is passed under direct vision between the cords into the trachea, and the anesthetic given by a machine, such as the Connell. We have also used rectal anesthesia, but discarded it after seeing the advantages of the intratracheal method. Anesthesia is induced much more rapidly, and the patient recovers more quickly and is more under the control of the anesthetist. We have not attempted any operations under local anesthesia, although we know it could be used, but we feel that this is too important an operation for that type of anesthesia, as the patient might interfere at any moment.

The technic of the operation is most exacting, and in no other field of surgery is it more so. I believe that the entire success of the operation, having previously excluded infection, depends on this most exacting, tedious, excellent technic.

The first step must exclude the mouth, and this is done by placing a sterile piece of rubber dam parallel with the lower border of the mandible, some distance from the line of incision, and held in position by adhesive tape. When this is turned back it covers the mouth and prevents moisture from soaking through the towels. The neck is now cleansed with pure alcohol, continued for fifteen minutes. After the incision has been made, as a rule about 4 or 5 inches long, the scalpel is discarded for another and the wound completely walled off by towels with clips. Under no circumstances is the gloved hand permitted to come in contact with the wound, sutures or sponges. This is all done by freshly sterilized instruments, even to the tying of ligatures. This is known as the non-touch technic or bone-technic, introduced by Sir Arbuthnot Lane. We had the privilege of very close association with him during the war, and we feel deeply indebted to him for his kindness and patience in teaching us his methods.

The hip area is prepared in the operating room again, with alcohol, the same technic being observed, and the bone is obtained by a chisel and a mallet. We discarded the electric saw, because we felt that it burned the bone owing to the rapid revolutions of the small circular saw, and in this way destroyed the bone-forming elements. If water was used to overcome the resultant heating, moisture gained access to our wound and soiled our towels. We prefer bone rongeurs, hand drills and the more laborious methods, as they have given better results in our hands. We prefer a square butt joint if possible, and use Belgium iron wire to hold the graft in posi-

tion. These wires are not removed, and no drainage is placed in the neck wound but is inserted in the hip area. The wound is closed with metal clips rather than sutures, and the plints left in the mouth for three months.

In our clinic, seventy operations were performed, resulting in sixty-six successful bone-grafts, four failures, and no deaths, an average of 90 per cent. of successes. In the last two years we have done twenty-one, with one failure, and that failure was due to an opening into the mouth at the time of the operation.
30 Avenue Road.

THE ROYAL DENTAL SOCIETY

Why is it that the meetings of the Royal Dental Society are not better attended? What does this society lack that it fails to get the response of the student body? Ask yourself these questions, and if you have any helpful suggestions pass them on to President Quigley.

There have been three meetings so far this year, and none of them have been well attended. At each of these meetings an interesting debate on live questions was the main feature of the evening. There have also been interesting talks by various members of the faculty, which were educational and instructive. Then music and dancing was employed to pep the evening up. Still the student body will not turn out.

Are we going to see the Dental Society go on the rocks or are we going to remedy the existing evil? Let's get our heads at work and see if we can't make things hum, either by attending the meetings or by adding more attraction to the meetings in order to get the crowd out.

It has been suggested that the meetings be held at four in the afternoon. However, that's getting back to high school days when attendance at "hit" meetings was compulsory. Anyhow, let's hear some suggestions. Get out to the next meeting. Quig promises you a good time.

The same applies to attendance at Parliament meetings. At some of these the audience could sit with all windows open for the entire evening and there would only be a bare half dozen sporting colds for a week around the college. A half dozen shouldn't rule three hundred and fifty, so turn out next time.

C. J. Paterson, 3To

It is rumoured among the 3To men that Lu Lockavitch's new shoes continually give him away by shrieking Cheap! Cheap! every time he walks. Is that right, Lu?

Some of the Frosh would have Lew Smith unanimously chosen inspector of vice, in fact dice-president. However, Mr. Smith up till press time refuses to make any statement.

The Care of Deciduous Teeth with Special Reference to Some Results of their Abnormal Loss

(By Dr. Welland Geary, a graduate of 2T2, now demonstrating in Rochester Dental Dispensary)

In submitting this article, it is not my purpose to issue any new theories relative to the treatment of the deciduous teeth, but simply to set forth a resume of my own experiences and observations, together with the theories of many educators on this particular phase of dentistry.

In the past the child has unfortunately been neglected. The deciduous teeth were allowed to decay to the point of exposure with resultant tooth-ache which was followed by extraction. Even to-day this condition exists, partly because the child is overlooked by the mother and partly because the dentist fails to recognize the importance of maintaining the deciduous teeth until such a time when the roots are absorbed and the teeth are shed.

There are several reasons why the deciduous teeth should be filled, but the most important reason is to maintain good health. No untrained person can realize the nervous reactions caused by aching teeth, and the effect upon digestion of improper mastication. But until pain is evident the average parent pays no attention to the deciduous teeth. If the teeth are carious the dentist can explain the following reasons why the teeth should be filled:

- (1) To prevent pain;
- (2) To insure an efficient masticating surface;
- (3) To prevent alveolar abscesses and consequent toxic conditions;
- (4) To prevent malocclusion.

It is not my intention to discuss the different filling materials, as there is considerable doubt in my mind as regards to the most useful to preserve the deciduous teeth. But according to the educators and specialists on this subject, copper amalgam and cements are the most ideal to effectively restore these teeth.

It is fundamentally important that the harmony in the deciduous arches be maintained to insure normal growth. It is universally understood that the deciduous teeth serve two main purposes. First, they afford a means for mastication during that period of life; and second, they produce a stimulating influence on the underlying structures, enabling the jaws to develop to the extent of accommodating the permanent teeth upon eruption. A third purpose might be included, namely, that besides being factors in the development of the surrounding tissues they also exert a developing influence on the body as a whole.

In the foregoing paragraph I have related to you the functions

of deciduous teeth and with these facts in view I will endeavor to point out the resultant conditions through abnormal loss of these teeth. The eruption of the first deciduous tooth of the normal child occurs between the ages of five to seven months, and at the end of two and one-half years the twenty deciduous teeth have erupted. The mandibular central incisors are shed between six and seven years of age, and the end of the eleventh or twelfth years the last of the deciduous teeth, being the upper canine and upper second molar. These ages are general and individual characteristics should be taken into consideration. For instance, an upper second molar may be lost between eight and nine years of age, and be considered an individual normal.

Knowing that each deciduous tooth has a succeeding permanent one and these teeth are larger except the second premolar which takes the place of the second deciduous molar being slightly smaller, a considerable amount of development of the jaws must occur during the early periods of life in order to accommodate the permanent teeth. In normally developed jaws a slight spacing appears between the anterior deciduous teeth. This normal development enables the permanent centrals and laterals to erupt in their relative positions. If no spaces have developed by the time the child has reached the age of five and one-half years you can be reasonably assured that the jaws are underdeveloped and malocclusion is liable to ensue.

I have previously mentioned the functions of the deciduous teeth and am fully aware that it is fundamentally important that the integrity of the arches must be maintained in order that the teeth may function normally. It is obvious then, that serious results may follow an early loss of any of the deciduous teeth. Let us assume that the deciduous upper central incisor is lost at the age of four years. What will be the result? The approximating central and lateral move in a slanting position towards each other and when the time for the eruption of the permanent incisor has arrived there is insufficient space—consequently the permanent incisor is forced either labially or lingually. On many occasions this apparent crowding is relieved by extracting the approximating lateral, but in so doing conditions are being aggravated as the stimulating influence exerted by this tooth is lost and lateral development is reduced. Furthermore, as stated above, owing to the loss of lateral contact the cuspid is allowed to drift mesially and the permanent central is allowed to occupy lateral space. Similar malrelations are liable to result in the lower jaw as the lateral development may be prevented by the abnormal conditions in the upper. Serious periodontal lesions are often produced by these malrelations in the jaws.

As previously stated, the permanent anterior teeth require more space than the corresponding deciduous teeth, and this space is produced through lateral development. The cuspids are included in this group and an early loss of one or both of these teeth may cause a serious malformation. As the development and distal drifting of the approximating teeth they are forced high in the alveolar process.

Having pointed out the serious results of lack of lateral development during childhood through the early loss of the deciduous anterior teeth, I shall now indicate the abnormal conditions which follow loss of deciduous molars. Should a deciduous first molar be lost prematurely a mesial drifting of the second deciduous molar and a distal drifting of the anterior teeth may occur. Should it be a first deciduous molar lost in the lower arch the anterior teeth will drift up and in, producing an abnormal over-bite.

The tooth of most importance in the deciduous set in regard to masticating efficiency and relation to the eruption of the permanent teeth is the second molar. Should a deciduous second molar be lost previous to or at the time of the eruption of the first permanent molar the result would be serious. Owing to the tendency of the first permanent molar to move mesially during eruption and after it has erupted, it is readily conceivable the condition that would result should there be no tooth to guide it into normal position. If the deciduous molar should be lost before the eruption of the permanent molar the later will move forward bodily during eruption until it comes in contact with the first deciduous molar. Let us assume that the upper right second deciduous molar is lost at five years of age. What is the result? The first permanent molar moves forward and invariably under these conditions it is in contact with the deciduous molar by the time it is fully erupted, causing the second premolar to become impacted or erupt to the lingual or labial. But this is only the beginning of the disastrous effect of the functional disturbances brought about by the early loss of the deciduous molar. As the first molar has now erupted mesial to normal, the developing second molar with the tendency to forward movement will, on eruption, occupy a position in contact with the first molar. Later in life the third molar will also move forward into abnormal position in contact with the second molar. Thus we have three upper right molars in malrelation with the three lower molars on the same side; six teeth in all functioning abnormally. Furthermore, the first premolar on the same side may have tipped distally, causing the four premolars to be in malrelation. With this complicated malrelation it has reduced the masticating efficiency of the teeth considerably, and in many cases the malrelation on the one side has so aggravated conditions on the opposite side that the masticating efficiency is further reduced. So it is quite possible that an individual may lose several teeth and yet be able to masticate as effectively as one who has such a marked malocclusion.

In closing, I wish to say that I may have enlarged considerably on certain conditions which result from neglect of the deciduous teeth, but it was for no other purpose than to emphasize the importance of the disturbing influences which follow the destruction and loss of these teeth. It is our duty, then, to save the deciduous teeth and in so doing so we, as dentists, are greatly aiding in the normal development of the child and helping to pass on to posterity the birthright of everyone—Good Health.

RATTLING RAMBLINGS

Dear Gussie:

There has not been anything of much event since I wrote last but I know how disappointed you are when you don't hear from me, so I will do my best. You were asking after Doctor Webster in your last letter. Sure, the dear old boy is as well and as bonnie as ever. And the fun he get when he quizzes us! His face is as sober as a judge but his eyes give him away every time. We all had to prepare outline notes for a forty-minute dental address and, horrors! these are being handed back with a request to deliver the speech before the class. Several of the boys have already done so and duly acquitted themselves with credit, despite the fact that the old chap was sitting in the front row pondering all their utterances with judicial consideration while his spectacles perched precariously upon the end of his thumb. By heck! I hope he doesn't pick on me! His quiz is surely bad enough.

Talking of lectures, Clarkson is the one. He still gives the seniors medicine and he gaily plays with the taps on the lecture bench and turns them on and off while he tells us of varied case histories, humorous and strange, sometimes intermingled with pathos, and occasionally comes out with some delightful story which, while containing a decided medical tang, may or may not be publishable. I notice there is always a full attendance of co-eds for his lectures. Strange, isn't it?

I never buy an evening paper—who would? For if you go over to Hart House in the evening and wait about in the reading room you are certain to be able to pick a discarded one up on the tables. The other night, being over there, I received quite a mild surprise, for on opening up the Star what should I see but a string of portraits of our senior girls! Speculation is rife as to the cause. Some of the boys are quite certain the girls paid for the space; others that a rival firm of photographers persuaded the Star to publish some of Milne's portraits. Perhaps the proprietors of this paper are starting a new comic strip, but probably the real reason is that they were hard pushed to fill up space that evening. The other day some ingenious person wrote up a notice in the senior lab. It was to the effect that one day in the past a person of forgotten identity borrowed his blow torch and the owner would be glad if he returned it. Now, as you know, this blackboard is of fairly good dimensions, but before the afternoon was completed the board was covered with similar notices. It is really very doubtful whether there would be sufficient room if the board were extended right round the walls.

In my last letter I told you we were all getting new gowns and towels. We have them, but are we satisfied? No! It is certainly an improvement on the old scheme as now all our gowns are numbered and as soon as they are laundered they are pigeonholed. Mrs. Baraclough has to get a little stepladder to reach my towels down, and each time I exchange my laundry I have to listen to a harangue.

Her face expands to a broad smile as she announces that this will sure be the killing of her; but at any rate its thinning. But to get back to the gowns. They have no pockets except the ones the demi-gods wear and we can't do them up at the neck without seriously impairing our vocal powers. Then again the buttons are detachable and you know what that means. You come out of a crowded clinic to find that your gown flaps unduly and is coming off. Upon examination you find that all you have left is buttonholes.

The boys are geeting quite enthusiastic over their work now, and Miss Bessie and Doc. Pichardson have a hard time shoohing them off at 5.30. We used to take refuge in the lab. and work there till either the cleaners or hunger forced us to leave; but now every evening at 5.45 Doc. Richardson trots down and takes a list of all those working overtime and we get reported to the faculty if we offend often.

Well, its pretty late and there is a lecture to-morrow (no later in the day) at 8.30, so I had better stop.

Yours ever,

ILLILIWA.

We are sorry that McDougall turned out to be such an excellent cultural media for the streptacocus pyogenes aureus and the other little bugs that go to form the bacterial flora of an acute alveolar abscess. We sincerely hope that his arm will be restored to normal functional activity by the time this appears in print.

We also wish to sympathize with Solly Copeland on account of his "auto" infection, or should we say traumatism? But we know he will forgive us if we smile, for while we are really truly sorry for him, honest to goodness he did look peculiar with several large pieces of adhesive plaster pasted over his nose.

The other day, Herbe Reeves, who is interested in radio and makes four valve sets which he sells for \$100 to the folks back home, came over to a group of us and asked us round to his room. He had been experimenting with a new circuit and told us he had been able to listen in on heaven. We could hardly believe it, but we went round. Sure enough, Herbe managed to pick up St. Peter, and soon had a two-way conversation going. "Who shall I ask for?" he breathlessly enquired. "See if anyone by the name of McDonald is there," suggested Tosh. After a few moments we heard Mac's voice: "Hello, you guys!" "Let's talk to him," Tosh whispered. "Well, Mac., and how are you?" he said. Tosh speaking here. "Say, Mac., have you got much work to do up there?" "Yes, I guess we are kept pretty busy," Mac. replied. "About how long; how many hours a day?" he was asked. "Well, I suppose between 14 and 15 hours." We were all astounded. We yarned for a while till Herbe suggested we try and pick up the other opposition station. So he juggled the dials about till we soon were hearing Mephistophele's well known voice. We all with one accord requested for Hugh John. Tosh again conducted the conversation, and immediately asked how

much work they had to do down below. "Not very much," Hugh John replied. "How many hours a day?" "Oh I guess about a half an hour a day." "Gee whiz!" we said. They have fifteen hours up above." "Oh yes," came the reply, "but look at the staff we have here."

Clinician to Berriman, who was trying to ligate a central with a piece of floss silk about two inches long: "If I didn't know you were an Irishman I would think you Scotch."

Member of 2T7, a little fuddled the morning after the At-Home dance, was ordering a set of combination Trubyte teeth at Ash-Temples, but got mixed and asked the girls for a set of pitrite B.V.D.'s.

One of our clinicians who went overseas during 1914-18 tells a rather amusing story: When the Americans arrived in France they commenced to make comparisons between their brand new equipment and the well-worn and considerably older Canadian kits. One of their officers was visiting a Canadian dental unit and spent no inconsiderable time asking what instruments and equipment they possessed and made his hosts a little annoyed by his disparaging remarks and his brag about their unit outfits and X-ray machines. Finally a Canuck asked: "Say, have you got an oxometer in your kit?" The Yankee paused for a moment, pondered awhile, and finally said: "Well, I guess we haven't. Have you one here?" "Well, no," was the reply, "but the 23rd Division have." "What's it for anyway?" the Yankee inquired. "Well," replied the Canuck, "it's an instrument for measuring bull."

Monfries: There's that Gysi Simplex articulator I was telling you about.

Singer: Oh! You bought that in Australia I suppose? How much did it cost?

Monfries: Let me see now. Two pounds, ten, I think.

Singer (after a long thoughtful pause): How much is that in real money?

It was the morning after the debate, "Is western civilization a degenerating influence to mankind?"

Scene: Students' reading room.

Garland: Who won the debate last night?

Adinell (reading Varsity): The negative, of course! But heck! Fancy wasting a whole evening on a subject like that! Why I could have settled that in a couple of minutes.

Doc. Webster: Now, 2T7, what would you do with this tooth?

Rather rattled junior: Ah!—Extirpate the root canal and—er—fill the pulp.

DENTANTICS

I sneaked in late and trod over everybody's toes while the orchestra was playing an overture and, in case I forget, I had better say right now that I appreciated that orchestra. It was good from start to finish, and it must be commended upon, since not once during the evening can it be said it played too loud for the singers' voices.

2T8 put on "The Student Sprints." Well, really, I am still wondering whether Mr. Boulanger got Lissie after all, or whether it was the girl friend of the girl Freddie had out the night before last? I got in a horrible whirl, but maybe I'm dense. But the great redeeming featuring was the chorus. It was easily better than any of the other skits put on, being well organized with excellent singing and dancing. They sang three songs: "Five foot two, Eyes of Blue"; "That Certain Party," "Down by the Vinegar Works," all of which were excellently rendered. We must also mention the "girl" who gave the Scotch reel.

The co-eds next obliged with "Just a thought in Passing." I wonder how high the tower with the spiral staircase was supposed to be, as the number of revolutions made varied from three to ten. I guess the heroine found the seat rather hard sitting that time and really Mildred should have reminded Sophie that she had to go down the stairs. The characters of trees were acted splendidly and the others weren't too bad, but I do wish the girls had done something original.

Then followed a most diverting interlude. Mr. Lucas in the person of the Fisher took attendance. "Ted" must be warmly complimented on this little piece of character portrayal. It was exceedingly clever indeed and without a doubt was the best piece of individual acting that night.

"All Balled Up" came next, and while amusing in parts was rather dreary and long-drawn out. Cohenheim, the owner of the fild, acted a poor part well. I but venture to state that the skit would have been vastly improved if there had been several more spoken parts. The dead silence became dreary and Cohenheim's patter very similar to a telephone conversation.

Two violin selections were excellently rendered by Mr. Bain. It was a pity the scene shifting could not have been postponed until after the items as it must have been exceedingly difficult for the violinist to play while being continually interrupted by loud repeated and mysterious noises from behind the curtain.

The dental nurses then staged a court room scene, O'Hoolihan vs. Awcomback. The skit was staged extremely well and they must be complimented upon the well-thought-out plot, but I hope I am not considered a harsh critic when I state that the acting was uninspired. It was a splendid opportunity lost.

Following this, Leoni, in the person of McDougal, gave a peppy

little performance and enlivened the proceeding for a time by depositing "her" person in the front row of the audience.

3T0 then presented "The Shooting of Dan McGrew." This was exceedingly good and well acted and kept the audience spellbound. Unfortunately, the climax came a little hurried and the curtain came across a moment too soon. This class were dead unlucky, as part of the scenery collapsed and spoilt matters a little. It was a pity the interlocutor had not learned the piece off by heart, as I am sure this would have improved the acting considerably.

Now followed one of the best skits of the evening, "Elles Belles," by 2T7. The scenes all took place in Farmer Titus Elles' barn, where the old farmer gives an evening and dance on the occasion of his son's, Hautus Elles, D.D.S., return from college. All the folk from miles around attended and joined in dancing and songs. The proceeding throughout were enlivened by the "coo," and the two responsible for this requisite beast are at the present moment unknown to the writer.

The topical song sung by Flach was really choice and he must be complimented on his dancing. Slossy and Quigley made excellent girls, and if they really were what they pretended to be that evening, would be certain of plenty of "dates." It was a pity the ballet dancing was so long drawn out; it very nearly spoilt the whole show, but the skit finished with a real kick and it deserved the rounds of applause which followed the curtain.

The evening came to a conclusion with "A Midnight Escapade," presented by the Seniors. This was a well written skit and caused no small amount of laughter. Garland and Butcher, as the two bold, bad burglars, were very good, and their song, "A Piece of Baloney," was thoroughly appreciated. The skit finished with a snap when the whole company rendered a topical song to the tune of "That Certain Party." We must not fail to mention Poly O'Sites' upper denture, which caused no end of fun.

Taken all together, the evening was a real night's entertainment and went with a swing from start to finish. The most delightful feature of the performance was the way the players, almost without exception, spoke their parts. It was very rarely, indeed, that those at the back of the hall failed to hear what was said, and the actors deserve no little commendation for the excellent manner in which they delivered their parts. This fact alone contributed in no small measure to the success of the evening.

President Phillips deserves considerable credit for his management of the evening.

Since penning the above the judges have at length produced their tardy decision. The writer wonders why the verdict could not be announced immediately following the program. A few minutes' discussion would surely be sufficient to decide the winning skit, such as is done for example at Noctem Cuckoo.

With the decision giving the first place to the Fourth Year, I have nothing but commendation. It was a good decision and 2T7

well deserved their win. But there certainly were some surprises in the order of placing. The Co-Eds second! The judges must obviously have been in ignorance of the origin of their piece, for while it certainly is not well known, it had not the slightest trace of originality nor any more claim to it than "The Shooting of Dan MacGrew." The main theme of the Co-Eds' skit, the farcial ascent and descent of the characters on the imaginary spiral staircase was completely boxed up and would have been totally unappreciated by most of the audience if obliging neighbours had not whispered the explanation.

Then the placing of the Dental Nurses, "O Hoolihan and Aw-comback" on a par with 2T9's "All Balled Up," which so sadly lacked incident and originality and became so duariously monotonous. The Nurses' acting was certainly poor and parrotty, but the staging and theme were very good indeed, and their skit certainly deserved a higher place.

We sincerely trust that the judges did not rigidly adhere to the system of awarding points that was appended to their list. To do so is both ridiculous and futile. Anything of the nature of skits and plays must be judged by the ensemble and not by particular details taken alone.

We fully appreciate the judges' difficulty, but feel that comment is necessary here in order to promote healthy, intelligent discussion with a view to future improvement in the years to come.

JOKES OF 2T8

During the course of Organic Chem. lectures given to third year last fall, Mr. Lucas happened to make his rounds as Prof. Allen was deep in a discourse on "Urea." For some unaccountable reason some member of the class burst out in a howl of glee and, as per usual, the rest of the class followed suit. Prof. Allen misconstrued the meaning of the laugh and asked quite seriously if there was a danger of "shocking" Mr. Lucas.

We suggest that in future, R. D. S. hold their debates on such hot topics as "When a House Burns Does it Burn Up or Does it Burn Down?" or "Where Does a Fire Go When it Goes Out?" These may indeed be termed burning questions of the day.

Most of 2T8 believe that "honesty" is not the best policy, but that "twenty pay life" is a better policy. At least, several declare that "Thou Shalt Not Steal" means nothing in third year.

Doctor Switzer (pointing to one of the small vulcanizers): Who's in this vulcanizer?

Member of 2T7: Miss Simonds I think, doctor.

Member of 2T6: Oh no; she wouldn't be in that one. She would be in one of the big ones.

A Reporter's Dream of the Dental At Home

A Hot Time and We Don't Mean Almost!

*A bunch of Dents were hitting it up
At the Dent At Home Parade,
And a rare good time was under way
For every lad and maid.*

*In bold array of dresses gay
They danced to a jazzy strain,
And every guy had a rovin' eye
Alert for a pretty Jane.*

*Old King "Eddy" was ablaze with light,
King Jass was in the air,
On every hand some gallant knight
Laid seige to a lady fair.*

*Huck Phin was busy everywhere,
A good and genial host;
John Barleycorn of course was there
A quite substantial ghost.*

*Now when the Ball was at its height
And pulses beating quicker,
Old McCorkindale toddled in
A bit the worse for liquor.*

*He sallied forth upon the floor,
The lights began to swim;
And though he had a bully time,
It seemed like this to him!*

*A pretty blond with azure eyes
Asked him to come and dance,
But a gay brunette rushed him off
Before he had the chance.*

*A real cute Dental Nurse
Next captured his attention,
And things she whispered in his ear
We'd hardly dare to mention.*

*He tried to kiss a Senior maid
Who slapped him on the cheek,
And then he went and had a drink
With a jovial Junior sheik.*

*He slowly climbed the darkened stairs
Up to the balcony,
And there he saw a Freshman
With a lassie on his knee.*

*The boxes sheltered lovers
Engrossed in one another,
He saw one baby kissed so long
He thought she sure would smother.*

*The dizzy feeling left his head
And settled in his feet,
He stumbled over someone's dogs
And took a sudden seat.*

*A girl from Queens looked lonesome
So he tried to hold her tight,
Her escort didn't like it
And wanted for to fight.*

*But our hero wasn't warlike,
He felt too good to care;
So he staggered down the stairs again,
To get a breath of air.*

*Just then the music started in
To jazz another tune,
He found himself upon the floor
A dancing like a coon.*

*A wonderful dancer next he got,
Oh boy! but she was sweet,
He told her that she was a pip
And sweet enough to eat.*

*Straightway she took him up on that
And ordered her some food,
Old Mac. took another drink
And rapidly got stewed.*

*From then the lights were just a blur,
His head was in a whirl;
But still his feet kept dancing on,
His arms were full of girl.*

*At last he reached his limit
Another drink, no doubt
And when the dance came to an end
He promptly passed right out.*

*But please don't judge the whole affair
By that poor student's mess,
The Dental Ball, we all declare
A wonderful success.*

*And when the morning sun was high
The dancers sought their beds,
A happy time was had by all
Despite the aching heads.*

THE HYA YAKA

Honorary Editor—DR. A. E. WEBSTER.

Editor-in-Chief—J. R. HOAG, 2T6. 240 College St. Res., 310 Huron St.
Phone Tr. 5702.

Business Manager—R. W. HUGHES, 2T6, 679 Spadina. Phone, Trin. 8719.

Ass't Bus. Mgr.—W. J. ROSS, 2T7. 633 Spadina. Tr. 9331.

Secretary—L. R. SLEMON, 2T8. 36 Carlton St. Rand. 2137.

Associate Editor—

H. A. T. Keenan, 2T8.

Cartoonists—

P. G. Anderson
Thos. Hayhurst

Reporting Editors—

R. Harmer, 2T6.
K. W. Hettenhausen, 2T7.
P. G. Anderson, 2T8.
M. V. J. Keenan, 2T9.
C. J. Paterson, 3T0.

Sporting Editors—

Cecil Garland, 2T6.
R. C. Honey, 2T8.

Vol. XXV.

February, 1926

No. 4



On the evening of Thursday, Feb. 18th, a cabinet meeting was called for 7 o'clock and a parliament meeting for 8 o'clock. The evening was somewhat stormy and a large attendance could hardly be expected. By 7 o'clock only one person had entered the college precincts, and it was some few minutes before even a bare cabinet representation appeared. The scanty number of six, including President Hays, discussed weighty matters in an unofficial manner, as a quorum of eight members are required to officially transact business. Time went on and soon it looked as if a cabinet meeting was an impossibility. The only hope then was to await the hour of eight and carry on in parliament with the expected assistance of other who might hold their college affairs of some interest.

No one else arrived. One of the members present had to depart, leaving four students and a President to decided several very important matters in the welfare of the student body. Shortening of hours, selection of a class pin, constitution amendments, the subject

of a students' telephone, among other items of urgent importance, must be discussed and action taken.

In the face of it all, the idea was preposterous. Have the students of to-day so little interest in their college? Where is the love, the patriotism, the unselfish support of that 1922-23 class? Many can recall the crowded lecture rooms, the heated discussions and the lively activity of those old time parliament meetings. Our college was a college then, and we could square our shoulders and face the world squarely with a pride in belonging to such an active, wide-awake institution. Now it is almost with shame that mention is made of these disgraceful conditions.

Criticism is everywhere dominant.

The striving, earnest college worker is ridiculed, his energies belittled and more abuse than credit attains his efforts. Yet there are a few who will work on unthanked and unpaid. To them may this short article award a word of praise.

To those who have been a little careless and unthoughtful may we exercise an earnest appeal to consider the great need of a larger support, a more united effort and a fuller attendance at coming meetings?

The editor is faced with a serious problem in undertaking publication of even one issue of Hya Yaka, and without the co-operation of the staff and students as a whole, Hya Yaka cannot be a real success. Items of general interest are not difficult to obtain, thanks to the grateful assistance of the members on the faculty staff. The little daily humorous incidents that make many a dreary hour the brighter and many a weary task the lighter are the items we would ask the students to please contribute. We have much to do and our time is greatly crowded, but will life not be just a little cheerier and happier if we can pass that little laugh we had to-day on to others to-morrow? Please remember to give your year representative something for next issue.

S.C.A. MEETING

The first of a series of meetings was held in the Music room of Hart House on Monday evening, Feb. 15, and proved very enjoyable to those availing themselves of the opportunity of being present.

Prof. Olmstead was the speaker of the evening and gave a very delightful talk, taking as his subject, "A Student's Day at Oxford." Judging from Prof. Olmstead's remarks, sports play as great, if not greater, part in the life of the University of Oxford than it does here in Toronto. In Oxford everyone enters some line of sport, and as a result games go on without spectators, unless some townspeople attend. Rowing holds a very prominent place, football also being popular. It is very essential that the students of Oxford enter

into sports, especially from a physical viewpoint, as the climate is so damp and muggy and sunshine is so rare.

The social life is vastly different from ours. Every student must reside within the university. The students of opposite sex do not mingle freely, nor are male students saluted by the fair sex when met upon the streets of the town. Strangely enough, morning is the time for receiving, and it is quite the thing to have friends in for breakfast.

It is an offense to be out of the university grounds after curfew rings, and the offense is punished by a fine, which increases in proportion to the degree of lateness. If one is after midnight getting in without an iron-clad excuse they are liable to expulsion.

The freshmen are not looked down upon at Oxford. They are called "Freshers," which merely means newly arrived, and doesn't refer to standing.

It is practically impossible to compare the merits of an education received at Oxford and Toronto, so vastly different are the systems. The machine-like precision is absent at Oxford, and students do not have laid down for them just what subjects and how much of each they will study, nor at what time they will do a certain thing. In Oxford one may devote all one's time to a portion of one subject. Lectures are held and the student attends those he desires. Each student is under two tutors, a moral tutor and a work tutor, and after consulting these decides upon the course to follow.

The terms at Oxford are shorter than in Toronto, and are followed by holidays of like duration. Strangely enough the holiday season is the time for studying and intensive reading. The examinations are not held at regular intervals throughout a student's course, but, with the exception of two or three preliminary exams, come at the end of course, which may be after three or four years of study. It is not necessary to attend Oxford for four years before trying finals. A student may try his finals at the end of the second year if he is ready. The examinations are very strenuous, papers usually having eight questions, not more than four of which is it wise to answer lest examiner think student doesn't know his subject. During exams a student writes every day and for eight hours a day, which necessitates a strong constitution. To ensure the student being physically fit they are obliged to forget studies and go over to the sea side and play around for a few days before the examinations begin.

Thurston—"Where have you been till this hour, Nifty?"
"Nifty"—"Oh, just skirting around town."

Nature gives us all faces, but we can pick our own teeth.

McCorkindale—"How did you get that black eye, Jerry?"
"Jerry"—"I was decorated for bravery in the bood-war."

"THE FRESHMAN TATTLER"

Name	Alias	Favorite Expression	Highest Ambition	Chief Weakness
Art Clarke	Beans	Singing	Get a new laugh	His pipe
Lockatch	Lockavitch	Trix-n-lix	Orchestra	Self
M. L. Craig	Pete	Crossed	Own a tux	Above the collar
Ed. Price	Sheik	For - - !	Break even	Cash
Clif. Robertson	Scotty	Hoot-maun!	Not to be bow-legged	Size
Bill Dewar	Freshie	Oh, say	to be a tommy	Hockey
Ed. Murphy	Spud	Don't fool yourself	Telephone wires	Knees
S. Ackland	Kelly	Darn it	Beer party	Apples
Frank Beube	Bubbles	G'wan	Girls	Salesmanship
Geo. Blanshard	Pauper	Son of a moose	2nd year	Laugh
Bill Fraser	Willy	Well!	Not to get bald	Silence
J. Gordon-Stewart	Johnnie	Give yourself up	D. D. S.	His Advice
H. Horwitz	Sleepy	Y-A-W-N	King of Ireland	Billiards
Lloyd Hertell	Goggles	Hulla!	To get married	Helen
Vince O'Reilly	Squeak		Pres. of At-Home	Pavlowa

DENTISTS

Dentists have considerable pull and are good on the stump, yet they avoid politics. A dentist's office is clustered up with drawing materials, yet he is no artist. He can sing in a false-set-o voice, but avoids the opera. He is not mad when he shows his teeth. Maybe he wants to sell them.

Although generally optimistic he prefers to be down in the mouth.

He has intelligence enough to know when he meets a snag.

When you say that a dentist is making you a full upper and lower, you said a mouthful.

There are two departments in dentistry. One is dental surgery and the other mechanical dentistry. Both are inci-dental and have to do with dents.

Whenever he cleans your teeth, you're glad when you can leave his office, shake a farewell and say "tar-tar."

We have had many good dentists during the last decade. Some of foreign extraction.

The mechanical dentist constructs artificial substitutes. He makes new teeth for you and that's where a biting dog has it all over a dentist—he inserts natural teeth.

If your new teeth bother you and you say to the dentist, "My new teeth cut me," he laughingly will reply, "They should, for they belong to another set." The dentist usually wants you to take chloroform or gas; ether is good.

The dentist is not often found in society, although he is constantly present at so many swell affairs.

No matter how much money a dentist has, he lives from hand to mouth.

CABINET

The Eighth Cabinet Meeting was held in the Board Room Jan. 27th, 1926, at 12.00 a.m.

The following members were present:—

Hays, Vince, Hoag, Ross, Phin, Paterson, Quigley, Thomas, Fisher.

Phin—Ross—That minutes of last meeting be adopted as read.
—Carried.

Vince—Phin—Twelve dollars be donated to help defray expenses of Warden's Surprise Party.
—Carried.

Ross—Vince—That Fisher attend the Medical "At Home."
—Carried.

Hoag—Quigley—Park's account be referred to Torontonensis Committee and, if correct, paid.
—Carried.

Ross—Vince—That Cabinet adjourn.
—Carried.

Time—12.15.

President, A. L. HAYS.
Secretary, E. M. FISHER.

RESEARCH NOTES

Allen (2T8) reports that his attempt to light a fire with asbestos paper was a failure.

S. Copeland (2T6) to date has not perfected his technique of taking full upper plaster impressions without the use of a tray.

McCarthy (2T6) is still having difficulty in casting inlays without investing them.

Mr. Lucas reports that on clear nights, with a strong south wind, by the aid of his peanut set and a pair of Eustachian tubes, all other conditions being favorable, he can, at times, audibly hear CFCA.

Dr. Paul has mastered the Charleston.

Where Men Are Men

"Abie, your shirt tail iss out."

"Out? Vere iss it out?"

"Out vere the vest begins."

—Oregon Orange Owl.

Sammy—I'm smoking a terrible lot of cigarettes lately.

Day—You certainly are if that's one of them.

SOCIAL

DENTAL "AT HOME"

The Pompeian Room of the King Edward was attractively decorated on Tuesday evening, Feb. 16th, for the occasion of the annual Dental "At Home" of the Faculty of Dentistry of the University of Toronto. The College colors, blue and garnet, were everywhere in evidence—a large basket effect of crepe paper suspended over the centre of the ball room, containing a host of balloons, met the eye on entering, and left the dancers in gay suspense until well after lunch, when the motley array of novelties descended. The tables were prettily adorned and paper hats of attractive design and colors, bearing the College crest, were provided for each guest.

Mrs. Wallace Seccombe, Mrs. A. D. A. Mason, Mrs. A. E. Webster and Mr. A. W. Phin, President of "At Home," received in the Foyer, and each couple were paged as they entered the ball room. Bouquets of Premier roses, presented by the faculty, were carried by the hostesses.

Romanelli's Orchestra, in a most entertaining and enthusiastic manner, provided an excellent program of the latest in dance music, intermingled pleasantly with harmonies of the past—"Moonlight and Roses" provided a number that will linger most delightfully in the memories of those present. As the fair partners danced gracefully by the orchestra, each was presented with a crimson rose, while the walls were pictured by myriads of moving roses and vines.

During luncheon, Dr. E. A. Linfoot assisted the orchestra in providing suitable music.

The lucky number given and presented by Dr. Seccombe was won by Mrs. Jarman and Mr. S. Cuttell.

The committee in charge were President A. W. Phin, Mr. C. L. Endicott, Mr. L. R. Braden, Mr. T. E. Hayhurst, Mr. A. H. Reid and Mr. V. B. O'Reilly.

Time

"Time is of all things in the world the longest and the shortest, the quickest and the slowest, the most minute and the greatest, the most neglected and the most regarded; without which nothing can be done, which devours all that is little and gives permanent life to all that is great. Nothing is longer than time, because it is the measure of eternity. Nothing is shorter, because it is insufficient for all our plans. Nothing is slower to him who waits, nothing more rapid for him who enjoys. Time stretches out to the infinite in greatness. It is infinitely divisible in littleness. All men neglect time. All regret its loss. Nothing can be done without time. It wipes out all that is unworthy of posterity and immortalizes great things."—"Voltaire."



SPORTING EDITORIAL

In glancing over the field of sport, we cannot fail to observe that the season of indoor athletics, including hockey, is on the home stretch. Finals in the different branches of sport are the vogue. With the intercollegiate hockey title tucked away for another season, we now look forward with ever-increasing interest to the Allan Cup finals. Our hopes are pinned on the Blue and we feel confident that it will take a real team to oust Connie's proteges this season. Basketball presents a little different problem. If Queen's lose one of their two remaining games and Varsity wins its only remaining game with Western, a tie will result, which will probably be played off in Montreal. Water polo and swimming are yet to be decided.

HOCKEY

Jr. Dents wound up their end of the hockey season on Friday last, Feb. 12th, when they were eliminated in the Jennings Cup semi-finals by Vic. It seemed a tough pill to swallow, after winning all their games in Group 13, to be pushed out of the scenery in a short sixty minutes. We were beaten by a well conditioned, well trained team, and we would like to take this opportunity to congratulate "Vic" on their fine team play and sportsmanship.

We must not overlook the fact that though our team was beaten 6-1, it has, nevertheless, the makings of a good team, and with proper coaching and managing, would make any O.H.A. Intermediate team step lively. Starting at right wing in Harry Bishop, this season's captain, we have a stellar little player, a product of Niagara

Falls Junior O.H.A. outfit. Bishop is young yet and looks better every year. He has just finished his third season with Jr. Dents. At centre, Jerry Whitaker, a product of the North, having turned in two seasons with the strong Kenora Junior squad before coming to Varsity. Jerry uses a sweep check to advantage and was in there fighting at all stages of the game. Sherry Sheridan, at left wing, always a reliable back-checker and heady player, put in two years with Brockville Juniors, where he played centre before entering the tooth-pulling game. This is Sherry's third season with the team. Back on the defence we have two stalwarts in Haselton and Chalmers. Chalmers learned how to push the puck with Victorias of the Senior T.H.L., and plays a strong game; Lorne Haselton, perhaps the fastest skater in inter-faculty hockey, picked up the game at Yorkton H.S., Sask., and later was a member of the University of Saskatchewan outfit. This is Lorne's second year with Jr. Dents and captained the boys last season. Henry Hudson, who was used at every position except in goal, always gets down the ice somehow and can be relied upon to let fly a shot from nowhere at the opposing goalie. Henry is a hard worker and makes his presence felt at all times. Mahaffy, a freshman, who put in two years with Parry Sound Junior O.H.A. team before coming to Dents, shows promise and worked in nicely at centre and left wing. Between the posts, Hewitt turns 'em aside with uncanny precision; he began stopping things with Newmarket Juniors and is considered one of the best goalies in inter-faculty hockey.

With the above material to work with, and there are others who are coming along, a good coach could work wonders. At the practices during the season, Walden Somerville, Watson and Stewart looked very good, and it was difficult picking a regular line-up. It is quite apparent that we have the players; all we need is proper coaching and managing.

Speakin of Sport

Next season we hope to be playing our inter-faculty games in the new Varsity Arena. With artificial ice to practice and play on, a better brand of hockey and players of a higher calibre will be the result.

In the Intercollegiate Assault-at-Arms, held this year at Queen's, Sparling, of 2T8 Dents, was successful in carrying off the honors in the 158 lb. class wrestling. Although Russ has been working out on the mat two seasons now, he was at a great disadvantage in the above-mentioned weight. Sparling is rightly a 145-lb. man and went into the intercollegiate meet at about 150 lbs. His opponents of Queen's and McGill, respectively, barely made the weight. The McGill entrant extended Sparling to the limit, and at the end of time an overtime was declared. By winning in the six minutes

overtime period, Sparling carried off the honors of the class, and by no fluke, either.

It was indeed unfortunate that Frank Kohli, one of the best wrestlers that ever graced the Hart House "mat," was again injured while doing his stuff and was thus prevented from taking part in the recent intercollegiate meet. He was a sure winner, and his absence was greatly felt by the B.F. & W. team.

INDOOR BASEBALL

The indoor baseball season is well under way again and finds Dents represented by two teams.

The Seniors have played only one game to date. They are grouped with O.A.C. and they defeated the team from Guelph by a score of 6-3 on Feb. 13th. It was a very closely contested game, but Dents piled up 6 runs the first two innings and were able to hold the lead for the remainder of the game.

The Juniors are grouped with Junior Meds, Junior U.C., and Junior S.P.S. They have played each of these teams and have managed to pull through with a win each time. They have three games still remaining to be played. The Juniors present a well-balanced aggregation and are fortunate in having a battery of the calibre of Somerville and O'Brien. Somerville shows fine speed and control while the receiving of O'Brien has been faultless. The all-round play of Stewart or Corman has also featured every game.

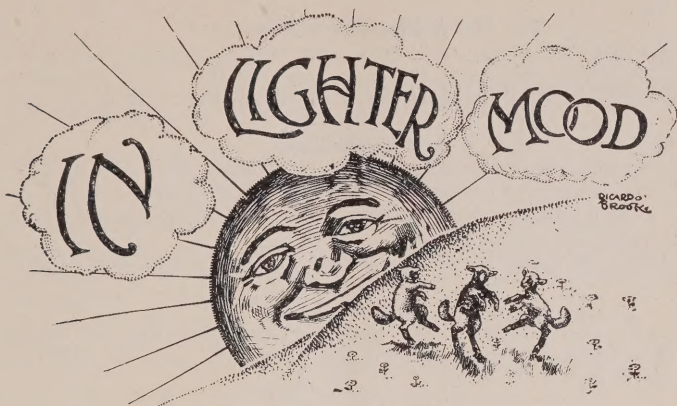
A couple more wins will just about give them the group, while the Seniors, on their showing in their first game, seem likely to win theirs also.

In fact, with two such teams in the running, Dents appear to have more than an even chance of carrying off the cup again this year.

The Junior Dent. team has so far lived up to its expectations, winning all the games they have played to date. They have beaten Broadview "Y" Juniors 35-24, also Junior Varsity 23-10, besides winning their three scheduled league games from Pharmacy and Meds. This team is a team practically of individual stars, but play together as a real team should. There are nine men out and from these it would be impossible to even pick a regular team, which means they are not weakened any by the substitutes. Manager Slemmon is working them hard for their coming game with Meds. for the group championship. The players out are A. Stewart, Roland, Buchanan and Morgan, forwards; Johnson and Luzine, centre; Brown, Beube and R. Stewart, guards.

There's a Catch Here

"I don't care who he is! He can't hang around here!" remarked the Warden as he cut the rope.



A COLD PROPOSITION

Slippery ice
 —very thin,
 Pretty girl
 —tumbled in.
 Saw a boy
 —on a bank,
 Gave a shriek
 then she sank.
 Boy on bank
 —heard her shout,
 Jumped right in
 —and helped her out.
 Now he's hers,
 —very nice,
 But—she had
 —to break the ice.
 —Lehigh Burr.

Vince—"Olmstead just told me——"

Wilkes—"Sh! Wait till we pass these ladies, Vincie."

"That's a net loss," murmured Hughes, 2T6, as his ear caught in "Peggy's" hair net.

Urie—"She says she thinks I'm the cutest boy she ever saw. Wonder if I should make a date with her."

West—"Naw, let her keep on thinking so."

Verth—"How many cigarettes do you smoke in a day, John?"

Lappin—"Any given number."

We Get a Panoramic View New

Old Lady: "In my day, girls were taught to darn their stockings."

Flapper: "Well, in those days the darns didn't show."

And Then Some

It was in the early days of old Klondike. An old Chinaman delivering laundry to a distant miner's cabin, heard a noise and espied a huge brown bear sniffing his tracks in the newly fallen snow.

"Huh!" he gasped. "You likee my tracks, I makee some more."

Personal

"Say, Colonel, I heard you had some chickens stole last night."

"Yes, Mose, but don't tell anyone. You and I are the only ones who know it."

Insomnia Insects

Stranger (arriving): "Can I get a bite at this hotel?"

Stranger (departing): "I expect you can. I stayed here last night, and got several of them."

Richards—My razor don't cut at all.

Slemon—You don't mean to tell me that your beard is tougher than that oilcloth I cut with it this morning?

Devins—McDougall's smoking Robinson Crusoe cigarettes now.

Moore—What brand is that?

Devins—Cast away.

Mills, of 2T8, wants to know if it is possible to buy an X-ray machine which will play orthodontia records.

Greer—What's your opinion on civilization?

Mitton—I think it's a good idea. Somebody ought to start it.

Hayhurst—Is it true that you proposed to that girl and she rejected you?

Dempster—Not exactly rejected. She said that when she felt like making a fool of herself she'd let me know.

Her eyes as black as jet,

This charming girl I knew;

I kissed her, and her husband came,

Now mine are jet-black, too.

—The Swamp Angel.

Might If He Could

He—Can I kiss you?

She—I don't know. Most fellows have been able to.—Minn.
Ski-U-Mah.

Times Change

A colored mammy came into the office of the estate for which she worked to receive her monthly wages. As she could not write, she always made her mark in the receipt—the usual cross. But on this occasion she made a circle.

"What's the matter, Linda?" the man in charge asked. "Why don't you make a cross as usual?"

"Why," Linda explained earnestly, "Ah done got married yesterday an' changed mah name."

Then the Fun Began

"I can't keep visitors from coming up," said the office boy dejectedly. "When I say you're out they won't believe me. They all say they must see you."

"Well, put them off somehow," said the boss, with a worried look. "Whatever they say, just tell them, 'That's what they all say.' Be firm, see?"

"Yes, sir."

That afternoon a lady called. She had hard features and an acid expression, and she demanded to see the boss at once.

"Impossible," said William.

"But I'm his wife," protested the lady.

"That's what they all say," said the boy.

On the Wrong Track

Mother had come in from the farm to visit her daughter in the city. After the kiss of greeting, she noticed her daughter's bobbed hair. Her eyes opened wide in astonishment.

"Well, for pity's sake, Lizzy," she exclaimed, "you never even writ me you had the typhoid."

"The Farther It Goes the Better It Is!"

Harold: "Do you like to wear an evening dress?"

Muriel: "I feel that nothing is more becoming to me."

Harold: "I have no doubt of that—but wouldn't that be going a trifle far?"

Most Unusual!

Willie (reading): Pop, what's "unusual doctrine?"

Pop: Well, son, if I had rheumatism, the doctor called it appendicitis and cured me with corn salve, that would be "unusual doctrin'!"

The Leader

"Deacon Hay," said Parson Jackson, softly, "will you lead us in prayer?"

There was no answer.

"Deacon Hay," this time in a louder voice, "will you lead?"

Still no response. Evidently the deacon was slumbering. Parson Jackson made a third appeal and raised his voice to a high pitch that succeeded in arousing the drowsy man. "Deacon Hay, will you lead?"

The deacon, in bewilderment, rubbed his heavy eyes and blurted: "Lead yourself; I just dealt!"

"Reflection on the 'Tooty-seven Dentantic Skit'"

Swing 'em!

Dick McQueen drank from the cider jug like one who knows, and knows, and knows.

Swing 'em!

Murray Bond is to be congratulated on how well he took the part of the back end of the cow.

Swing 'em!

Chuck Williams revealed the charms of his woman in several swings.

Swing 'em!

Nubby Braden's experience in handling dark meat was brought out and exemplified by the way he told off his colored partner—?

Swing 'em!

We surmise the way in which Ken. McKay spends his summers, from the way he handled the street cleaner's broom.

Swing 'em!

Hostess—I hope you found that novel interesting, Mrs. Kennedy.

Don—Well, I must confess it wasn't quite so interesting as the letter someone left in it as a book mark.

Krieghoff—"What would our nation be without women?"

Polack—"Well, let me see—at—at—a stagnation?"

Easily Made

Wife (tearfully)—“You’ve broken the promise you made me.”

Husband (kissing her)—“Never mind, my dear, don’t cry; I’ll make you another.”

She—“A penny for your thoughts.”

Fish—“I was thinking of going——”

Her father (at head of stairs)—“Give him half a crown, Mary—it’s worth it.”

It was the day of the school concert, and the audience consisted mainly of mothers, proud or envious, according to the parts that their children were playing. One small boy came on to the platform. Striking a bold attitude, he began:

“Friends, Romans, countrymen, lend me your ears!”

Whereupon one of the mothers turned to her companion.

“There, that’s the Jones’ boy,” she said tartly. “He wouldn’t be his mother’s son if he weren’t trying to borrow something.”

Tario—“Yep, I hed a beard like yours once, and when I realized how it make me look, I cut it off, b’gosh.”

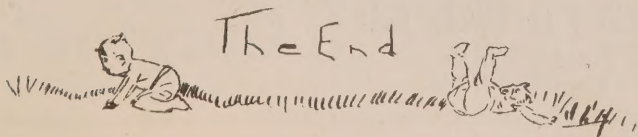
Potter—“Wal—I hed a face like yours once, and when I realized that I couldn’t cut it off, I grew this beard, by heck.”

Naturally!

“I want somethin’ to show for my money,” said the coed. So she bought some invisible hose.

Ain’t Love Grand?

The wonderful little wife, that we hear so much about, is the meek little lady, who, on finding a hair on the collar of her husband’s coat the morning after lodge night, rushes down to the druggist and buys him a bottle of hair restorer.



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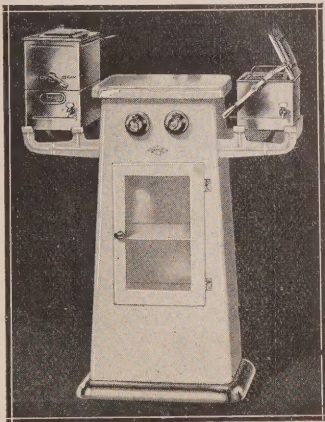
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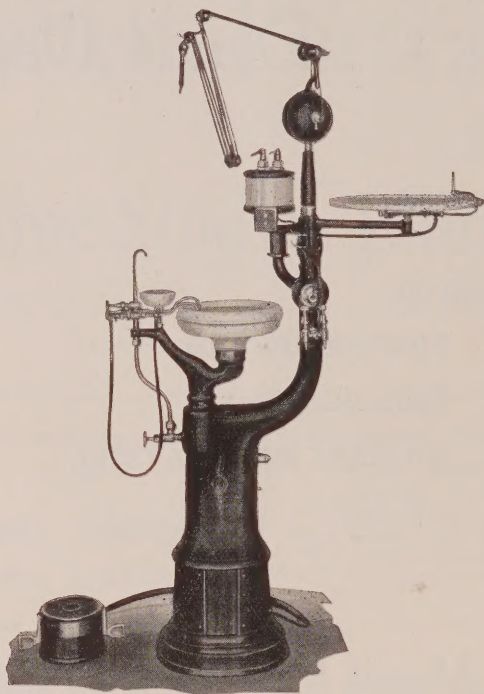
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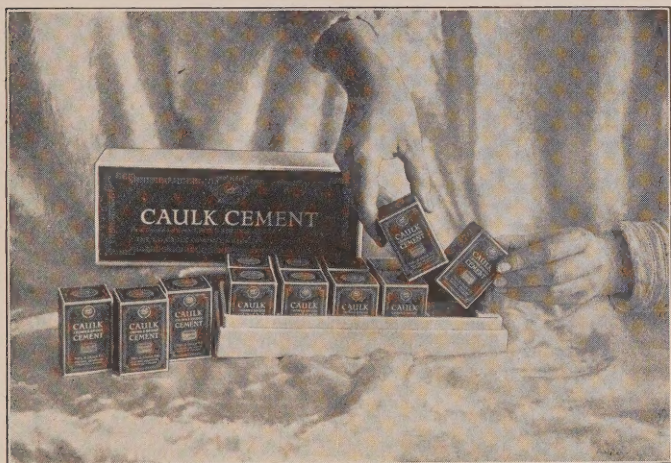
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In Memoriam



Eric Alexander Hassard was born in Caledon East 1901, and moved to Weston with his parents fifteen years ago. He graduated from the Weston High School and entered upon the study of dentistry in 1921.

He suffered an attack of pleuro pneumonia, from which he rapidly sank to his death.

Deepest sympathy is extended to relations and friends by the class of 2T6.

THE HYA YAKA

Vol. XXV

March, 1926

No. 5

Diagnosis in Periodontoclasia

(II)

By Harold J. Leonard, B.A., D.D.S., Minneapolis, Minn.

Associate Professor of Oral Hygiene and Pathology, University of Minnesota

(Ready before the New England Dental Society, Boston, Mass.,
October 15, 1925.)

The word diagnosis is derived from two Greek roots: dia, meaning through, and gignosko, meaning to know or understand. The word as used in dentistry or medicine has this same literal meaning. A diagnosis of a disease condition includes an understanding of it from beginning to end, the causes of the disease, the pathology, the progress of it, the symptoms, the future outlook or prognosis and the proper method of handling it. In a case of dental periclasia, it includes a charting of the symptoms, both local and systemic, a discovery of the factors causing or contributing to the disease, and a plan of treatment, the results of which will eliminate the causes and at the same time assist the tissues to recover a vigorous circulation and a high cell vitality. Usually such a plan of treatment plans for restorations. The diagnosis is the part of the handling of a periodontia case that has been most neglected in the past and thereby led to failures, for unless the understanding of the case and plan of treatment is correct, no amount of fine technique in treatment will avail to give altogether satisfactory results.

Not only is the periodontist interested in the dental periclasia that may be present, but also he feels a special responsibility for discovering any disease condition in the mouth that may be acting at present or might act in the future to the detriment of the patient's health. He feels this responsibility especially because he has devoted himself, more than the general practitioner is able to, to thinking in terms of pathology and causes of disease. The history taking, charting and diagnosis of the periodontist is therefore searching and inclusive and takes in much more than would be involved in studying only the dental periclasia that may be present.

Charting may be as brief or as elaborate as the operator may desire. Many periodontists have very elaborate history and examination charts which they fill out in all cases. Others make brief

notes only of conditions which it is important to remember. The extensive charts have several important advantages. They leave no opportunity to forget to make important observations and examinations. They make possible accurate future comparisons, which are necessary if scientific data are to be compiled. And they are most important in any future argument or legal controversy with the patient. Although an extensive chart requires considerable time to fill out, practice will make it rapid, and experience will show that the hour spent in examining and charting the case and talking it over with the patient is the most important and valuable hour spent in the handling of the case.

After making a cursory examination of the mouth to get a general idea of its condition, a few minutes are devoted to getting the dental and systemic history and complaints of the patient. Questions should be asked in regard to past orthodontic work, injuries to the teeth or jaws, extractions in which roots were broken off, devitalizations, toothaches, sore teeth, abscesses, sore gums, periodontia treatments, bleeding after extractions and so forth. These questions will frequently give a clue to some important factor which would otherwise be overlooked, or put the operator on his guard against unsuspected difficulties in treatment.

These questions lead naturally to inquiry concerning systemic health. Usually a very few questions will bring out any symptoms of focal infection disease, although the patient may avow at the beginning, in answer to a query concerning the general state of his health, that he is perfectly well and has not been sick a day for years. The best questions to bring out symptoms of focal infection are the following: "Are you tired much of the time—more than you should be from the work you do? Do you have any rheumatism or rheumatic pains? Do you sleep well? Are you very nervous? Do you have any abdominal pain? Is your heart regular and normal? Have you any kidney trouble? Have you had trouble with your eyes?" Although, of course, any of these questions answered in the affirmative might indicate symptoms of disease which could be other than focal infection, still the chances are that if they did, the patient would be in a physician's care for it and would know the nature of the other disease. Vague symptoms of malaise, nervousness, rheumatic pains, and so on, in a patient in which there is dental infection are so often due to that cause that, unless there is evidence to the contrary, it may be tentatively assumed that the dental infection is a contributory if not the sole cause of trouble.

Systemic Conditions

There has been much said in the dental literature about the value of routine urinalysis, blood-cell counts and various systemic diagnostic tests, but it seems pretty well agreed that these are impractical for the average dental practitioner or even periodontist. By getting the systemic conditions solely from questioning the patient, there will of course be occasional patients with an incipient diabetes,

nephritis or other potentially serious systemic condition which will not be detected. It is not, however, within the province of the dentist to determine these, so that there seems no need for his using any of the elaborate systemic tests. The organs most frequently affected by streptococci from dental infection are the joints, muscles, nerves, heart, kidneys, alimentary canal, blood and eyes. Trouble in any of these will be almost surely elicited by the few simple questions indicated above. In addition, questions should be asked relative to trouble in the tissues near the mouth: the tonsils, throat, nose, sinuses and ears. These tissues and organs are frequently infected by dental infection in their vicinity. If the patient is aware of any trouble in these regions it should be discovered and inquired into.

The reason for going into these systemic conditions at the outset is to give us an idea of what we are dealing with. We should attempt in all cases to eliminate all mouth infection in the course of our treatment, whether there are as yet systemic effects from it or not. But sometimes in cases of dental periclasia, one cannot foretell whether infection can be eliminated by periodontia treatment until it is tried. If the patient is in a precarious physical condition we may not be justified in attempting a treatment of doubtful results, and extraction may be in the indicated course. Again, in cases of chronically infected pulps or of devitalized teeth, it may not be possible to determine the presence or absence of infection by any diagnostic method at our disposal. In such doubtful cases the systemic condition is the factor that determines whether to be radical or conservative. In cases of serious systemic condition, due apparently or possibly to dental infection or irritation, the comfort, utility or beauty of any tooth or teeth must be subordinate and their sacrifice considered necessary if their presence is prejudicial to systemic recovery.

Undoubtedly thousands of teeth have been needlessly extracted in the belief that they were causing systemic disease when they were not. Ten years ago, when the focal infection idea first swept the country, physicians and many dentists took it to be the long-looked-for panacea. Multitudes of healthy teeth were condemned by physicians or ignorant x-ray technicians because of supposed abscesses in patients with systemic diseases which any scientific student would know could have nothing to do with dental focal infection. Glowing promises were made and dismal failures naturally resulted. There has therefore been a recoil from the whole focal infection theory, especially in some parts of the country, which is most unfortunate. The work of Rosenow and his collaborators, not to mention many others, has placed a sure scientific foundation under this theory, which no whim of popular medical or dental opinion can displace. As workers in health service, we must face the facts and do our part in making and keeping our patients well by eliminating infection about the teeth, whether it means a revolution in our methods of practice or not.

In Minnesota we have come to the conclusion that root-canal work leads so frequently to apical infection and to systemic ill effects that it is a failure. We are not acquainted with any method which is an exception to this. We have therefore discarded it, and with few exceptions are substituting other forms of treatment where pulps cannot be saved. Fortunately these other forms have been evolved in time and are very satisfactory. However, a discussion of such therapeutic and reconstructive methods is outside the province of this paper.

There is another reason for wanting to know about systemic conditions. Not only may dental disease cause systemic disease but the reverse is also true. There is an increasing mass of evidence that dental caries, malocclusion and dental periclasia are all caused by, or are symptoms of, systemic metabolic faults. In dental periclasia there are many cases that refuse to yield to local treatment until a diabetes, a nephritis or a tuberculosis is cleared up. A faulty diet, lack of exercise or even a mental depression, such as worry, may do the same thing. It is therefore necessary to ascertain, if possible, if any such systemic factors exist. The questions asked of the patient, as suggested above, will usually give a clue to such systemic factors. But additional questions need to be asked, especially regarding diet. The most accurate method of estimating diet is to have the patient make out a weekly dietary, that is, a complete list of all foods eaten and drunk during the week at meals and in between meals, in terms of average servings. With such a list it is possible, by means of a table like that Dean Seccombe has prepared, to calculate exactly the calories, proportions of protein, carbohydrate and fat, the amounts of roughage, of iron, calcium and phosphorus and the various vitamins. By knowing the amounts of the various constituents required at different ages and for the various grades of muscular work, it is easy to estimate whether the patient is eating a proper diet or not. With a little experience, a fair estimate can be made by getting the patient to give an average daily dietary. Questions should also be asked regarding the amount of water drunk, the rapidity of eating, and thoroughness of insalivation, and presence or absence of constipation. Rapid eating, over-eating, lack of exercise and constipation certainly have much to do with causing deposits on the teeth and the heavy bacterial growth in the mouth.

In order that this part of the examination may not take up too much time, it is well to have a systematic standardized questionnaire which is rigidly followed. Otherwise, patients are liable to get started on a prolonged recital of systemic complaints that will waste an undue amount of time. Five to ten minutes of systematic questioning should give one a very good idea of the systemic condition of the patient, such as can serve as a proper basis for a dental diagnosis. If conditions are discovered beyond the scope of the dentist, it is frequently highly desirable from the stand-

point of treatment of dental periclasia, as well as getting the patient freed from other troubles, to refer him, in co-operation with his regular physician, to some thoroughly competent internist. The lives of many patients could be prolonged and made indefinitely happier if this sort of co-operation were more general among workers in the various branches of health service.

Detailed Examination of the Mouth

Having completed the systemic examination, we next make a detailed study of the mouth. Here again, the charting or records may be very sketchy or very complete. Whether the detailed examination of every phase of every tooth is charted or not, the detailed examination should be made.

The buccal and lip folds and lingual sulci, tongue and throat should first be observed for coated tongue, inflamed throat, or any signs of ulcer, fistula or tumor formation. This routine takes but a second or two and may be the occasion for saving some patient's life. Quite a percentage of epithelial tumors start in the mouth and the dentist is frequently the first one to see them. Next, the teeth are examined for caries, and after this comes the study of periclasial conditions. Mobility is noted by tapping the teeth slowly from buccal to lingual with the tips of the two index finders. Any mobility that can be detected in this way may be considered abnormal and a serious condition. Box has shown in his book, "Studies on Periodontal Pathology," what has occurred about these mobile teeth where the mobility is due to occlusal trauma. A profound change has occurred in the pericementum and periodontal lamina or bony plate lining the socket. We must, therefore, regard mobility of a tooth as a very grave symptom that must be treated and cured if the tooth is to be saved permanently. In the chart which we are using in the College of Dentistry at Minnesota, the degree of mobility is denoted by number 0, 1, 2, 3, 4, four being hopelessly loose. Mobility may be due to loss of attachment, to acute inflammation of the pericementum, to occlusal trauma or to the degenerative changes accompanying loss of function.

Occlusal trauma may be demonstrated by having the patient grind his back teeth together. By sighting along the upper teeth, movement of certain teeth will be noted in case of undue stress. A degree of movement which can be detected in this way must be considered so much greater than normal that pathological changes may be anticipated in the periodontum, if they have not already occurred. Various excursive movements of the jaws should be tried to see if any of the anterior teeth may be moved by any type of mandibular movement. These tests may need to be rechecked when the x-ray films are studied. Soreness in the tooth is an indication of irritation and injury of the pericementum. Apical infection may cause this or severe gingival infection, but these are usually easily recognized. Tenderness to mastication or occlusion,

whether vague or severe, is an indication of stress beyond the physiological limit. Patients may be aware that certain teeth feel loose in occlusion even before they seem loose to palpation. Frequently, while a tooth may not hurt by biting on it, the pericementum feels irritated and it feels good to bite on it. Such a condition is similar to soreness.

Hypersensitivity of the tooth is a very common though little suspected symptom of traumatic occlusion. Hypersensitivity to cold is the commonest, though it may include heat and even sweet. A tooth that becomes hypersensitive to cold a few days after inserting a restoration should always be considered as in traumatic occlusion. The restoration may be striking too hard, or the tooth may be shifted by it so that some other portion of the tooth strikes too hard. At the time bridges or inlays are cemented, considerable pressure is exerted which forces the roots into the sockets. In the course of hours they return to a normal position, so that stress may occur that could not be detected right after insertion. The hard malleable golds of modern restorations are not adjusted to such stress. A tooth that is unduly sensitive to cold and in which no cavity can be found to account for it, should always be suspected of being in traumatic occlusion. Failure to note this fact is responsible for innumerable errors in dental diagnosis, some of which have led to unnecessary loss of teeth or pulp devitalization. Hypersensitivity to heat shows a more profoundly diseased pulp, but this may also be an effect of severe traumatic occlusion. It also may be relieved by relieving the stress causing the irritation of the periodontal tissues. It frequently happens that sensitive cervical areas of teeth are hypersensitive because of periodontal irritation from stress. Correction of the stress relieves the hypersensitive cervix of the tooth.

Aching pulp and pulp death may be further results of long-continued irritating stress on the apical pericementum. Various degenerative changes, including pulp stones, may occur in which aching pulpal discomfort or vague pains in the tooth are present. A pulp degenerated is a prey to any bacteria that may effect an entrance through faults in tooth structure or from infected pericementum or from blood stream. This accounts for many dead pulps in teeth without cavities or history of injury. Reflected pains are frequently associated with hypercementosis, hypertrophy of alveolar bone and degenerative changes in the pulp and pericementum, due to traumatic occlusion. Trifacial neuralgia in even its extreme severe forms has been found associated with these conditions and has been entirely relieved by discovery of the tooth which is sustaining the traumatic stress, and relieving it. Relief, following disocclusion of the tooth, would indicate that the irritation of the nerves was due to the irritation of the periodontal tissues rather than pressure on the nerves by the condensing bone or cementum.

Pockets are next tested, using some type of explorer which

will not pierce the pericemental attachment. McCall uses a soft silver probe, Simonton a periodontometer, a blunt measuring device by which he accurately measures pocket depth from occlusal level. We use a No. 17 or 18 explorer for this purpose. The instrument is forced down gently to the depth of the gingival crevice at all points about every tooth. Only thus can all pockets be discovered. To one not used to this routine it will be most astonishing to discover the number and depth of pockets that would otherwise not be found. The condition of the gingivae should be noted, the recession, hypertrophy, color and tenderness.

Many classifications of gingivitis have been made, but in my opinion they are more confusing than helpful. The essential thing is to know the causes of gingival and periodontal disease and what effects each cause may produce. The particular symptoms about any tooth can then be analyzed for causes, which is the only real value of such symptomatology. In discussing symptoms, therefore, I shall do it in terms of causes.

Dr. Harold Box has given twenty symptoms of incipient periodontal disease. Most of the symptoms in the gingivae given by him are due to changes going on in the pericementum and alveolar bone due to the degenerative changes from occlusal trauma, which he has named rarefying pericementitis fibrosa. Thus, a simple recession is due to a loss of underlying alveolar process which may be due to occlusal trauma, old age atrophy, insufficient bone formation to begin with, or to excessive crosswise brushing. Normally the attachment of the pericementum should be at the amelo-cemental junction, and the marginal gingiva on the labial or lingual surface should cover the enamel to a depth of about two millimeters. If the margin is at or below the amelo-cemental junction, we may know that recession has occurred, together with bone atrophy beneath. Asymmetric recession indicates a localized recession of the alveolar crest. A traumatic crescent is a crescent-shaped zone of abnormally deep color, never extending completely across the gingival border of the tooth and being confined, as a rule, to a segment about one-sixth of the circumference of the root. It is considered a sign of a localized circulatory disturbance in the pericementum associated with occlusal trauma. A localized reddening of the marginal gingival debris, is an early symptom of occlusal trauma. Linear depressions in the alveolar mucosa parallel to the long axis of the root and overlying the septal bone, or distended venules in this location, also point to traumatic disturbances. A careful observation of these early symptoms would frequently indicate points of stress which could be corrected before irreparable destruction has gone on. Our difficulty has been that we have not recognized disturbances unless far advanced.

Subgingival pus is a symptom of high resistance of the patient. Usually, where it is occurring the tissue is being rapidly resorbed. It is, however, not a dependable criterion of the severity of peri-

clasia. I have seen it present about the gingivae in the mouth of a ruddy, robust man where no other sign of inflammation or tissue destruction could be noted, and I have failed to find it in some frail woman where a very hopeless destruction of the periodontal tissues was going on. As Price points out, pus formation or, in other words, active leukocytic action is undoubtedly bound up with blood calcium, metabolism and body resistance much more than with the degree of infection. Its presence or absence is by no means a guide as to the presence or absence of dental periclasia. Isolated spots of inflammation, pus flow or pocket formation usually indicate some special reason why infection has occurred there, such as occlusal trauma, lack of function, food impingement or other mechanical irritation.

Hypertrophy of the gingiva, that is, swelling which makes it hang about the crown surfaces in festoons, may be either acute or chronic. Scurvy or mercury poisoning will cause the acute condition. Mercurial stomatitis is largely infectious, as is shown by the fact that reducing the infection by periodontic treatment while continuing the mercury administrations will often completely control the gingival trouble. Chronic hypertrophy is usually due to local irritation of the marginal gingiva. A roughness, such as a piece of calculus, a rough filling edge or fault in the enamel, will, in many individuals, cause a chronic swelling, especially of the interdental gingiva. By removing the irritant and stimulating the circulation by massage, this can be reduced to normal. Surgical resection may hasten this result.

A frequent type of hypertrophy is that of the alveolar margin by which the gingiva seems greatly thickened without extending more than normally over the crown. This thickening may be a developmental condition by which a heavy bone is built up to withstand the stress of a malocclusion, or it may be a true hypertrophy built up as a response to excessive strain on the teeth, the result of unusual use or a developing abrasion. If the circulation can be kept vigorous in the gingival tissues by methods of brushing, so well advocated by Charters, Hartzell, Stillman and others, hypertrophy or thickening of the bone should be the normal response to occlusal stress. It is a common observation to see teeth isolated and slowly shifting in finely kept mouths with developing malocclusions, yet with periodontal tissues remaining perfectly healthy.

The color in the gingivae should be a light pink, not shiny, but stippled with the mucous glands. A smooth shiny appearance indicates congestion even if the color is good. In anemic individuals the color may be very misleading by being light when inflammation is present, while in very ruddy individuals healthy gingivae may be of a slightly deeper color. A deepening of color of the marginal or alveolar gingivae, especially if there is the slightest bluish tinge, always indicates congestion. Congestion means a sluggish or stagnant blood flow accompanied by degenerative changes and pene-

tration of bacteria. It is an important danger signal, but, fortunately, easy to control. Discovery and elimination of local causes and conscientious, well directed gingival massage will practically always take care of the condition. The exceptions are the diabetics, nephritics and tuberculous, whose cell vitality cannot be brought up to normal by the best of local circulation.

Tenderness or sensitiveness of the subgingival tissues is abnormal. Passing a blunt explorer into the attachment at the base of the gingival crevice, sufficient to test it for pockets, should scarcely be felt if this tissue is healthy. Usually, however, it is exquisitely sensitive, a condition which indicates inflammation there, even when not otherwise detected. If dental periclasia is actually in progress there may be a great difference in sensitivity. The tissues of the rugged outdoor man, with much pus flow, are usually comparatively insensitive, while the red tissues without visible pus flow may be exquisitely painful to touch. There is a vast difference in the sensitivity of patients, partly due to differences in nervous response and possibly partly due to chemical differences in the lesion itself, related no doubt to calcium metabolism, acid, alkali and leukocytic response.

Before leaving gingival symptoms, it might be well to speak of two conditions which cause a peculiar gingival appearance. One of these is diabetes and the other is ulcerative stomatitis, Vincent's infection or so-called trench mouth. Dental periclasia in diabetes is frequently associated with a rapid melting down of the alveolar bone and gingival tissues, leaving the roots exposed evenly and covered with a sort of slime. A peculiar sweetish odor may be present. It is a very difficult condition to treat locally.

Ulcerative stomatitis begins usually on the tips of the interdental gingivae as grayish ulcers that eat away these tissues to the point of leaving holes between the teeth, giving the gingivae a peculiar scalloped appearance, typical of this disease. The onset may be acute or chronic. If acute, the gingiva is very sore, bleeds with and without being touched, aches, causes swelling of the submaxillary lymph glands, and may cause fever, severe toxemia and even death. It is usually very easily treated by the bichlorid-peroxid medication described in a preceding paper. The symptoms are so definite that there is seldom any excuse for confusing the lesion with dental periclasia. If a patient, especially a young man, says he has had pyorrhea for a week, you do not need a microscopic smear to diagnose his condition; the cut away appearance differentiates it from the swelling and hypertrophy of mercurial stomatitis.

Roentgenographic Examination

Having studied the mouth condition of the dental and oral tissues, so far as the eye and explorer can do it, we next turn to the x-ray films. A complete set of good x-ray films of all teeth should be a routine in the diagnosis of periodontia cases. I am

glad to see the commercial x-ray laboratories adopt price-cutting methods to the point where a complete set of fine x-ray films is no longer a luxury. Taking x-ray films is a technical procedure which a technician can learn to do very well. It is very desirable to make abundant use of this great aid in dental diagnosis. The laboratory should on no account be allowed to make independent diagnoses, however, Diagnosis from x-ray films alone is often very misleading and should not be done even by the dentist. In conjunction with careful history record, visual observation, exploration, palpation and vitality testing, it is a wonderful aid. Alone it may lead to great harm. The limitations of the method should be kept well in mind. The film only shows the shadows thrown by the relative densities of the tissues through which the lines of the rays pass. Bone or tooth rarefactions in line with more opaque portions will not show up as such. It is by no means possible to distinguish by it even relatively large areas of bone destruction if they happen to be obscured by the tooth root or a mass of denser bone.

X-ray films should be studied from the crowns of the teeth downward. The crowns of the teeth are observed for hidden caries which may be shown, deep cavities or restorations impinging on pulps, restorations overhanging into the interdental gingiva, pulp recession and pulp stones as well as root fillings. The roots are observed for resorption cavities, apical resorption, subgingival calculus and hypercementosis. The most detailed observation comes in studying the lines about the teeth, the dark line of the pericementum and the white line of the periodontal lamina or lamina dura. The slightest disturbances are soon reflected in these lines, which, so far as the sides of the teeth are made visible in this way, have the highest diagnostic value. The normal pericemental line should be as thin as a hair, even and distinct throughout its whole extent around the root. The periodontal lamina line should also be even and distance around the whole root and up over the interdental alveolar crest and of about the same thickness as the pericementum. X-ray pictures should be taken that show these lines distinctly. Beyond the periodontal lamina line lie the bone cancellations. These normally show up as definite trabeculae and cells. Great variation in the density of this cancellous bone exists between individuals, the cause of which is as yet unknown. But the density should be similar on the two sides of the mouth and should be even about the mouth. Variations in thickness of bone tissue considered.

A thickening of the line of the pericementum all around or in any area of the root indicates trouble. It means that the periodontal lamina has been cut away on its dental side for some reason. As Box has pointed out, it is caused by a degenerative change in the pericementum by which the normal fibres are replaced by an abnormal loose connective tissue which impinges on the adjacent bone and cuts it away. A thickening of the pericemental line therefore

indicates a very profound degenerative change at this point and is a symptom that must be treated. The position of the thickening will indicate the direction toward which the traumatic stress is applied. If it is toward the apex, the rarefaction may be mistaken for a small apical granuloma from which it may be distinguished by pulp vitality tests and tests for occlusal stress. When there is gingival infection without occlusal trauma, the bone of the interdental crest will be resorbed from its tip downward without changes in the pericemental line elsewhere on the root, at least until extensive destruction has occurred. Obliteration of the pericemental line means usually a faulty x-ray picture except in those rare cases of ankylosis or roots so commonly talked about in exodontia work, but actually occurring very seldom.

The line of the periodontal lamina may be either lost over part of the root or thickened. Gingival infection and pocket formation cause it to disappear at the tip of the crest which grows more radiolucent as the cancellated tissues also are resorbed. Often the pericemental line widens toward the gingiva and the lamina line is lost. Usually as the lamina is cut away on its dental side, it thickens on the side of the cancellations. An irregular thickened patchy line is the result, often with large patches of bone hypertrophy or condensing osteitis extending out into the cancellous areas, especially around the apex. This must be considered a pathological condition particularly in view of Price's classification of cases into the highly resistant, highly reacting, pus forming and bone rarefying type on the one hand, and the rheumatic, non-pus forming, poorly resistant type whose local bone reaction is one of condensation on the other. Bone forms normally in mechanically beautiful patterns to give it the maximum strength with the least substance. This is shown by Koch for the long bones and by McMillan for the maxillary bones and alveolar process. But when infection is introduced the process is no longer normal. Pollia has demonstrated as quoted by Buckley that bacteria are present in the apparently healthy alveolar bone in more than ten per cent. of all cases examined. Undoubtedly this is particularly true in this non-resistant type of case where a wall of leukocytes is not built up. This probably accounts for the hypertrophies. They are the tissue response to a mild infection penetrating deeply into the bone. Mechanical stress of a traumatic type seems also, in many patients, to stimulate the bone to these hypertrophies.

The apical or pericemental abscess or granuloma, if not in line with the root or a dense plate of bone, can usually be distinguished by its radiolucency. Especially is this true in the case in which the periodontal lamina is extended around it to form a definite white line. In the cases in which no plate or lamina surrounds the granuloma, it may not be so easy to determine especially where the alveolar bone is heavy. The best means of study is to follow the periodontal lamina to where it disappears in the apical portion. Several

radiograms may be necessary to determine that it does disappear. When certain of it in a non-vital tooth, a diagnosis of apical infection is justified. This test may also help in those confusing cases where a depression in the alveolar process or a mental or palatine foramen appears about the apex, or where the palatal root of an upper molar coincides with the antrum radiolucency. The intact lines of pericementum and lamina dispel any doubts. It is seldom that an apical granuloma will be so far up buccally or lingually as to leave the apical pericemental and lamina lines normal in the film. Vertical radiolucent lines between the periodontal laminae of the interdental process must be judged with caution. Hirschfeld has shown that those between the lower anterior teeth are due to canals passing up from the inferior dental canal and opening on the lingual side of the alveolar process. They appear normal in a considerable per cent. of all human skulls examined by him in the American Museum of Natural History.

Hypercementosis must be considered as a condition similar to hypertrophy of the periodontal lamina. It is a physiologic-pathologic response to a mild degree of irritation of the pericementum. It frequently follows mild apical infection through the root canal and mild occlusal stress on the teeth. If the degree of irritation is greater, or the patient's reaction takes the form of bone destruction, resorption of the apex will occur in these cases. This makes the root tip look shorter, more stubby and indistinct or fuzzy in outline. Shortness or stubbiness may be a development formation, but fuzziness means a pathologic condition. Several x-ray films may be necessary to determine that the indefinite apical outline is a fact and not due to faulty technique or angulation in the raying.

It is not within the province of this paper to discuss other pathologic and abnormal conditions to be seen in the x-ray films. Impacted or unerupted teeth, cysts, tumors, odontomes, fractures, osteomyelitis, etc., are gross conditions, the diagnosis of which is familiar to all dentists. It might be well to mention that x-ray films should include all edentulous areas as well as teeth. Not only many root tips will be discovered in this way, but also many residual granulomas which have failed to heal even after the roots which caused them have been out for years. These are potentially as dangerous and may be causing quite as much systemic disease as abscesses on infected root tips.

The next step in our study is pulp testing. Some dentists make a practice of testing all pulps. This is, of course, desirably thorough, but it consumes considerable time and gives much discomfort to the patient, since no device has yet been invented that is quickly positive in all cases without considerable pain. The Cameron tester is perhaps the most satisfactory electric device. Its findings must, however, be frequently corroborated with other tests: heat applied with a revolving rubber cup to the dried tooth, cold from an ethyl chlorid spray and finally drill toward the pulp chamber. Ordinarily, pulp

because of history, discoloration, large restoration or abnormality at apex as shown in the x-ray film. Although we may not, by any means, extract all pulpless teeth in healthy patients, yet we want to know if the pulps are devitalized. The whole plan of reconstruction may be changed by discovering a dead pulp in a tooth. We want to discover it before the reconstruction is under way. The Cameron lamp is very useful for testing the translucency of teeth. It will frequently detect a non-vital pulp by opacity of the dentin when the color seems quite normal to reflected light. It is also useful for seeing subgingival calculus. I have, however, never been able to detect apical infection with it.

Removal of Condemned Teeth

Having now the facts before us as to conditions in the mouth, the next step is the plan of procedure. Teeth that are hopeless should be extracted. This involves loose teeth with the major portion of the attachment gone, loose teeth from which traumatic stress cannot be withdrawn, teeth with dying or putrescent pulps, teeth with apical infections, apparently healthy teeth with devitalized pulps in patients with focal infection symptoms, or where expensive reconstructions would depend on their remaining healthy, teeth that can never be made to function and teeth interfering with the best restoration. The mouth should be stripped down to the point where disease can be treated and cured and where reconstruction work can be put in that offers a probability of permanence.

Right here I wish to say a word about permanence. Any dental work that does not give reasonable promise of durability in itself and of saving the teeth during the lifetime of the average patient, providing the patient does his part, is unworthy of present-day dentistry. I have heard that the life of the average gold filling is three years. If this is true, it is a terrible disgrace to the profession. It should be at least twenty years. Work should be done with the idea of the patient's mouth and healthy twenty years ahead in mind. Teeth with dental periclasia that offer no prospect of permanent future health if properly treated and cared for should be extracted at once. The destruction that may have to precede the erection of a fine building in the heart of a city may seem terrific, yet it is done unhesitatingly. Good buildings are torn down to put in ones of more permanent value. Just so in the mouth, the removal of teeth which cannot be made healthy and of old reconstruction work that is leading to failure or disease should be complete. When this is done a new reconstruction can proceed, built by modern technical methods and on modern principles of dental mechanics, sanitation and health. Work is being done by many men in different parts of the country, practically all of which can be regarded as permanent work. Seen ten years later, it looks just as good and the surrounding tissues just as healthy as the day it was put in. Modern teaching methods are making these results attainable by the mass of dental graduates who are fitted at all for dental practice.

In this connection, I might say that in Minnesota, although we do not condemn all pulpless teeth, providing there is no local or systemic evidence that they are infectious, yet we regard all such teeth with suspicion and usually extract them rather than build a reconstruction upon them. There are, of course, exceptions to this, where the extraction of a pulpless tooth means so great a loss from the denture standpoint that it is worth while taking a chance of building upon it, even if it only be for a period of a few years. We always consult the patient in such cases, explaining the chance we are taking and what may happen at any time. By eliminating devitalization as a usual or common procedure and gradually extracting the teeth already pulpless, we are reducing markedly and rapidly the number of pulpless teeth in the people of Minnesota. We believe, from what evidence and research there is on this subject, that we are fully justified in this course.

With the general adoption of this practice has sprung up a system of crown and bridgework which compensates for it. In all but a few cases, especially in young people, bridges can be placed with but little more expense than root-canal and restoration work can be done, and with every assurance of permanent future health instead of more than an even chance of future abscess and systemic trouble leading to extraction and bridgework finally. I have never seen a pulp die or react unfavorably to the superficial cutting required by this type of abutment preparation, and neither have my associates. The warnings of Dr. Kells and others to us against cutting into sound vital teeth have very little justification in fact in our work. The evils of such cutting appear slight a compared to leaving shifting teeth unsupported, or infected teeth in the mouth. With this very satisfactory substitute for devitalization at our command, we cannot get enthusiastic with Drs. Buckley, Johnson and others who bewail the criminal extraction fad of the younger generation of dentists. In our opinion, the fewer pulpless teeth the better, and while we do not feel like condemning those that appear harmless and on which no expensive restoration procedure depends, yet we will not add to the number. The result is that both dentists and patients are coming to appreciate the need of hygienic measures and frequent examinations that make pulp exposures comparatively infrequent. Even where slight exposures do occur accidentally, or would occur if all horn-like dentin were removed, the pulps can frequently be saved by some of the newer capping and dentin sterilizing cements, such as sterident or carbol eugenol combined with silver nitrate powder.

Treatment of the Gingival Tissues

Having rid the mouth of condemned teeth, the next step is to treat and cure all inflammation of the gingivo-periodontal tissues by scaling root surfaces, removing insanitary restorations and getting the patient started on the system of tooth cleansing and gingival massage which he must acquire as a life-long habit. If the mouth

was filthy to begin with, the cleaning of the teeth and the beginning of home care should precede the extractions. It is certainly unsafe to do surgical work, such as exodontia, in a highly infected field like a dirty mouth.

Elimination of Occlusal Trauma

The plan of restoration involving mechanical treatment to eliminate occlusal trauma must now be considered. It must be considered in a discussion of periodontal diagnosis because restorative work, except the filling of cavities, should be for the principal purpose of maintaining the remaining teeth, that is, getting and keeping their periodontal tissues healthy. Formerly the idea was to give efficient mastication and good appearance. These are worthy objects but are secondary. We have all seen in the country the old woman with two opposing cuspids as the sole remaining teeth, apparently perfectly well in spite of obvious difficulties in thorough mastication. It is a question whether teeth are so necessary for healthy digestion, after all.

But if the teeth are to be kept permanently, it is necessary that spaces be bridged, faulty contacts repaired, and the occlusion adjusted so that drifting will stop, and so that occlusal trauma or any other trauma on the pericementum may be relieved. This is frequently the most difficult problem in dentistry. It is indeed impossible in some cases. Properly mounted study models are frequently necessary before it is possible to determine what mechanical processes are going on or what may be done to correct the faults. The Monson spherical articulator makes it possible to set study models so that all the movements of the jaws may be exactly reproduced. The advantages of this are obvious.

Shifting of the teeth to positions in which their surfaces interfere with the movements of the jaw is by far the most important cause of occlusal trauma. As the teeth erupt and take their places in the arch, they adjust themselves to each other and the surrounding tissues adjust themselves to the stresses to which they are subjected. For this reason, irregularity of teeth occurring during dentition, even when extreme, providing no subsequent factor has been introduced to shift the teeth, is seldom associated with traumatic occlusion. The teeth that interfere in these early years become abraded to the point of adjustment and no harm results. Occasionally a frail alveolar process is insufficient to withstand the force of the jaw muscles, and a movement of several teeth together with the process can be detected upon vigorous grinding of the teeth. Although the surrounding tissues may appear perfectly health on examination and in the roentgenogram, yet such a movement must be thought of as one that will eventually cause disease in these tissues. Cases like this are, however, not common. The common cause is the loss of a lower molar or bicuspid tooth, especially the lower first molar. This tooth is lost on one or both sides in one-third of all adults. Where the loss

occurs before the age of nine or ten, the second molar shifts forward and erupts vertically in the position formerly occupied by the first. An irregularity will result, but since it occurs during the dentition period, the tissues compensate for it and it is usually not a cause of trouble later.

When the first molar is removed after the age of ten, a gap is left between the second molar and second bicuspid. The lower second molar has a slightly mesial inclination and the force of occlusion gradually tips it forward and lingually into the space. This allows the bite to close on that side. The anterior lowers are forced up and lingually by the closing bite. A gradual distal and lingual shifting occurs in which they may drift apart. The lower bicuspid drift distally, and not being strong enough to keep the bite open, they, together with the upper bicuspid, are intruded or forced into their sockets. The closing bite in which the overbite is greatly increased brings stress on the upper anterior teeth to force them labially and separate them. Or the lip muscle preventing this, they tend to overlap and follow the receding lower anterior teeth lingually. The upper second molar articulates on the distobuccal cusp only of the lower molar. It is subjected to a changing stress as the lower molar changes its position. The upper first molar changes its position. The upper first molar tends to extrude to reach occlusal contact. Thus we see that every tooth in both jaws on that side is subjected to a shifting of position and constantly changing directions of stress.

The periodontal fibres are readjusted every time the root is shifted in its position. Old fibers are cut away and new ones attached by means of new layers of cementum. The teeth will adjust to this physiologic process, even in old persons, if the change goes on slowly enough and is unaccompanied by bruising or by infection. But in the shifting that occurs from loss of teeth, the changes in position are so rapid as to cause a destructive rather than a constructive reaction in the periodontal tissues. In addition to the changing location of the root in the bone, the shifting, following the loss of teeth, changes the cusp relationships so that teeth interfere with the masticatory movements. Such interference knocks the tooth or moves it unduly in its socket, this undue movement constituting a severe irritant to the periodontal cells and fibers. The fibers are stretched and degenerated on the side away from the blow, while the cells are crushed and also degenerated and the alveolar bone resorbed on the side toward which the tooth is struck. The pathologic changes are described by Box under the term **rarefying pericementitis fibrosa**. The result is a loosening of the tooth, degeneration and inflammation of the periodontal tissues. Into such a tissue, bacteria, living on the tooth surfaces and getting beneath the gingival margin, easily make their way to add to the destructive process. Pocket formation, fluid exudation and subgingival calculus formation soon follow to hasten the loss of the tooth.

The loss of a second or first lower bicuspid, or their failure to erupt, will cause a similar condition to that of the loss of the lower first molar, but in a lesser degree. With the molars in place, the jaws are held apart and the shifting is more confined to the anterior teeth. The loss of a lower second molar may or may not lead to these conditions, depending on whether the forces of the mouth tend to force the lower teeth distally with this tooth missing. The loss of an upper tooth does not create so bad a condition, because the upper teeth are held in line by the lower, pushing outward against the lips and the cheeks pushing in. They do not tend therefore to crowd together into a space left by a missing tooth. The loss of an upper first molar will often lead to tipping of the second and some closing of the bite with its resulting shifting stresses.

In some jaws in which the teeth are short and there is an end-to-end bite with no curve of Spee and the bone is heavy about the teeth, a lower first molar may be lost with no shifting of the other teeth as a result of it. In an end-to-end bite or an undershot jaw there is no force crowding the lower teeth together and very little, if any, shifting occurs when the lower first molar is lost. The greater the overbite and curve of Spee, the longer the teeth, and the weaker alveolar process, the more rapidly will shifting occur. If gingival and pericemental infection from an insanitary mouth have already weakened the periodontal tissue, the shifting may be very rapid indeed.

Clean and well massaged gingivae will help greatly to delay the effects of undue stress on the teeth.

Undue occlusal wear on the teeth, usually from the sand in tobacco, may gradually lead to stress on the teeth. The buccal cusps on the lower posterior teeth and the lingual cusps of the upper teeth are worn down in the milling process and the unworn cusps finally interfere with the jaw movements. The effect of this is often noted in the upper molars. Partly due to extrusion to compensate for the wear and partly due to the rotation of the tooth on its gingival third of the root as an axis, the lingual root will be forced through the palatal bone plate and will become uncovered. The soft tissues, lacking support from underneath, soon atrophy and a deep recession or a deep pocket will occur on this root. Sometimes this will go to the point of denuding the whole root and cutting its pulpal blood supply, while the buccal roots remain intact. Proximal cavities in teeth, which allow the teeth to move together, will have the same effect as teeth missing so far as movement is allowed. Any factor which allows a rapid change in the balance of forces operating on the teeth will lead to shifting. Overfull contacts or fillings or contacts that are shy will lead to such a change.

The next most common cause of traumatic occlusion to the loss of teeth is improper dentistry. Dental restorations in the past have been made with no knowledge whatever of their requirements from the standpoint of mechanical balance in the mouth. Wing bridges,

cantilever bridges, bridges with long overhanging upper buccal cusps, crowns with cusps entirely disproportional to the overbite, have failed in the past for this reason. Fixed bridgework has come into disrepute not because of any inherent fault, but because it has been done with so little knowledge of the mechanical requirements that failures were inevitable. Healthy tooth roots will stand many times the amount of the work that our modern dietary requires of them providing the force is in line with the axis of the tooth. When, however, the restoration is made so that a strong lateral stress is applied as well, the pericementum is stimulated not to function but to destruction. The stimulation of mastication on teeth fixed by bridgework which forces them slightly up and down in their sockets, together with the stimulation of gingival massage given by adequate mastication and mouth cleansing, are all that are necessary to keep the pericementum healthy. Independent torsion is not essential and the type of appliance designed to allow torsion is much more likely to allow an undue lateral or mesiodistal stress than a properly made fixed appliance.

Clasp dentures are very frequently causes of a damaged pericementum because the clasps are made in such a way as to move the teeth when the denture is being inserted. Such a movement has all the effect of a traumatic occlusion and soon destroys the attachment of the abutment teeth. Occasionally a bad habit will cause periodontal disturbance. Locking the teeth tightly at night, locking and unlocking them constantly during the day, thread biting on a front tooth, all may cause trouble in time.

Grinding is the most common method of treating areas of traumatic occlusion. Having demonstrated that traumatic occlusion is present on a tooth, it is next tested for the interfering points. Carbon paper may be used for this, but is not very satisfactory. Black soft wax, such as artificial teeth come on, may be pasted over the dried tooth and the teeth ground together. The impression in the wax with the points where it is cut through indicate how grinding should be done. Or flavored vaseline and lampblack may be painted on the teeth of one jaw, the teeth occluded and marks noted on opposing teeth. The ideal articulation should be kept in mind and the grindings should make the teeth approach this. This will tell whether in any case the lower or upper tooth is to be ground. Teeth markedly mobile should be disoccluded entirely to give a period of rest and recovery to the diseased pericementum. In any event, the teeth should be ground until no movement can be noted in grinding the teeth together in any of the jaw movements. In cases where but few teeth remain this may be impossible until restorations are inserted to take the strain from the natural teeth. Usually the patient must be seen several times to correct traumatic occlusion by grinding. The pressure from grinding may force the tooth into its socket so that it does not occlude as it will the next day when it has come up again. Relief of trauma must go hand in hand with treat-

ment of diseased gingivae and the two disease processes will be cured together.

The second method in correcting traumatic occlusion lies in building up the mouth by means of restorations. The bite may need to be opened or bridges inserted. Where the first lower molar is gone and shifting has occurred, it is necessary to bridge, even though no space may exist between the second bicuspid and the inclined second molar. A bridge prevents further tipping of the molar and is essential if it is to be saved. In most of these cases, carefully made study models properly mounted on an anatomical articulator are necessary, in order to build up the teeth to permanent function.

A third method of treatment as yet in its infancy is orthodontia. Orthodontia for adults is hardly even thought of. Improvements in method, however, are bringing the time near when many of these cases of traumatic occlusion will have the teeth fixed in position to relieve them from lateral stress and then have them gradually moved to positions where they can be retained in function.

Some important points in regard to occlusion have recently been brought out by some of the prosthetists. Dr. George Monson has discovered the principle of spherical occlusion, which is coming into general acceptance. According to this principle, the teeth and jaws, when properly developed, conform to the radii and surface of a sphere, the center of which averages four inches above the occlusal surfaces of the teeth. The long axes of the teeth are lines which meet in this center. It follows from this that teeth which are tipped so that their axes do not conform to this mechanical ideal will tend to become tipped further and further from normal. By mounting casts on a Monson instrument, it is frequently possible to determine the mechanical variations from normal which are causing destructive changes in the periodontal tissues, the causes for which are obscure when viewed without such mounted models.

Another point emphasized by Dr. Chappelle is that the more exactly the occlusal surfaces conform to one another without grooves to act as sluiceways for food, the greater the stress on the tooth. When grinding is done or restorations made, grooves for sluiceways should be provided. The greater and deeper these are, the less the occlusal stress. In weak teeth, therefore, grooves should be emphasized. Occlusal contacts should be by lines and points, not by areas.

This idea is brought out in another way by Austin James and Paul Stillman. They emphasize the idea that Nature abhors straight lines and surfaces. Occlusal facets needing grinding should be ground around the edges, leaving a convex surface, the central point only of which is in occlusal contact. In this way, trauma is relieved without disoccluding the tooth. Complete disocclusion is us-

ually only to be done as a very temporary measure. Disoccluded teeth eventually extrude and come into traumatic occlusion again.

Summary

Let us conclude this survey of diagnostic points and methods by summarizing the points of particular note. A systematic chart is desirable as a guide in getting the dental and systematic history, complaints and conditions. Systematic tests are impractical for the dentist. This part of the diagnosis serves as a basis for deciding on the treatment of infections in the mouth from the systematic health standpoint and for understanding the causes of disease in the mouth. The oral examination consists of a general observation of the mouth and throat and a detailed study of the individual teeth and periodontal tissues by vision, palpation, exploration, the X-ray films, tests for occlusal trauma, and various vitality tests. The symptoms in the gingivae and in the alveolar bone, resulting from the various causes of disease, especially mechanical trauma, must be known. Roentgenograms must be sufficiently perfect to give accurate bone and root detail. In planning the treatment and reconstruction, the idea of permanence must be kept in mind. Devitalization of pulps must be regarded with skepticism at best and substituted with more permanent types of work whenever possible. Any mechanical fault that will cause rapid shifting of the teeth must be eliminated. To discover such faults and correct them are probably the most difficult matters in the practice of dentistry. It is a matter that joins the knowledge of the periodontist with the best mechanical dentist. It places periodontia in the heart of modern dentistry.

DENTANTICS

We feel a word of explanation is due about the report published in last issue of Hya Yaka of Dentantics. First let me state that this in no way reflected, or was it in any way influenced by the editor's opinion. This statement is, I think, necessary, as the editor has come in for no small amount of criticism. The writer, when requested to report the affair, was under the impression that by so doing he would help an overburdened editor and staff who receive little, if any, assistance from the student body. If any remarks were unduly harsh it was unintentional, and we crave forgiveness, as they were written on the spur of the moment immediately after the show was over. The writer thoroughly enjoyed himself, but is still of the opinion that an unbiased opinion written from the point of view of the audience and not of the personalities involved will do far more towards improving the show than a "praise everything, please everybody" write-up.

ILLILIWA.

PREVENTIVE DENTISTRY

By J. Wills Macleod, L.D.S., D.D.S.

Read before the Junior Study Circle, Winnipeg, Canada.

It is a fact that a Physiological condition in one part of the body demands Physiological condition in all other parts of the body if the aforesaid condition is to remain. I do not mean that a person with a club foot of congenital origin is not or cannot be physiologically health, for I class that as a physical rather than as a physiological condition. Even with the club foot, he may be physiologically perfect, though not physically so. But I do feel that a person who has a disease in any organ of the body is bound, sooner or later, to manifest a condition of disease in some other part. Through all this I mean that if the other parts of the body are diseased or in a Pathologic condition, we cannot expect to see the mouth in a Physiologic condition, or *visa versa*.

Then if we take that statement to be true, how wide is our work? Where is the beginning and ending of our profession of Dentistry? What problems are we up against?

We have the whole body to visualize whenever a patient presents for treatment. To completely follow out Preventive Dentistry we therefore would have to make a full examination of the patient, and by this I mean a stripped examination. The whole body (Head, Trunk and Limbs) would come under our attention. Blood test, Urine test and all other possible tests which would help us to diagnose the condition of the whole human organ.

Now, very few patients would submit themselves to this examination at our hands, and so it becomes necessary at present to confine to a large extent our examination to the mouth and to pass on to the Medical advisor the patient for further and fuller examination. But how much better for us, both from point of view of our training and also our prestige, if we performed this full examination.

Now what do we expect to find in a mouth that is perfect, in a mouth that has been under the supervision of a Dentist practising Prevention, in a mouth that is in a correct Physiological condition? This was partly answered by Dr. Cecil McLeod in his paper upon Periodontoclasia. It embraces the functioning of teeth and gums in their entirety. It is not (as so many people have) one good side to chew on and one side minus teeth, it is not a mouth containing red bleeding gums, it is not a mouth with ulcerations or offensive smell, it is not a mouth with the teeth decayed either with or without pulp exposures. It is a mouth in the language of one of our Teeth advertisements that is "True to nature." A mouth with its full complement of teeth, a mouth not only with its full complement of teeth but with these teeth all in healthy condition and full func-

tioning activity. A mouth with the gums, a Rose petal Pink, high resistance, good blood circulation, free from injury by deposits or other irritants. Such is the picture of the perfect mouth, but a sight of such a mouth is seldom granted us, if ever.

Now what would be the factors that would be the means of causing Dental disease? These naturally can be divided into two classes: Local and Systemic. In the Local we would have the main headings of Traumatic Occlusion, unclean mouth and irritation from restorations. But in the Systemic classification the more articles we read the more we seem to sink in the mire of confusion.

An article appeared in the March "Summary" by Dr. Gibbs, of Adairville, Kentucky, in which he dealt with the subject of Pyorrhea. Now we know the confusion existing amongst authorities relative to this one disease and its causes. Dr. Gibbs claims that it is acidosis, that is the root evil of this disease.

It is claimed that authorities are satisfied that two people may have irritants around the Gingivae, one will have Pyorrhea but not the other. Two people may have Traumatic Occlusion, one have Pyorrhea but not the other. Then why this distinction? Coincidence? No, he disclaims that. In all cases you have lowered resistance with pocket for fermentation process to go on in, untouched by the saliva, in fact an area of stasis, and yet one subject develops Pyorrhea and the other goes free. He claims that it is a question dealing with an excessive amount of acid in the system, a condition known as acidosis, that condition resulting from an unbalanced diet. He states: "A certain amount of acid in the system is very necessary for the generation of alcohol that the system requires. This normal acid helps to produce the fermentation that brings the formation of alcohol. Then if we have an excessive amount of acid, naturally there will result an over amount of fermentation, which action causes an increase of alcohol in the system and this in turn produces an excessive stimulation. With too much stimulation there will follow to this organ or that, either an anemic or an inflammatory condition, according to the normal nerve and blood supply of these parts, and with this abnormal fermentation produced by this over acidity, we have an excellent field or fertile soil for the lodgement, growth and distribution of this and that variety of germ life."

I would here, at this point, ask you to remember your Physiology lectures upon the Alimentary Tract. The mouth, oesophagus, stomach, ascending colon, transverse colon and descending colon, sigmoid flexure so to the rectum. Also I remember that some absorption of food takes place in the stomach, some in the small intestines and water in the large intestines.

Now we are all aware of the discomforts associated with constipation. What is the natural sequel of constipation? We have an influence felt all over the body, headaches, lassitude, and with some people an attack of constipation means a period of lapse of

memory. This constipation is causing an auto intoxication and also an auto infection. In the course of time this condition is bound to influence the blood supply of the body and the gums are soon involved in the trouble.

What influences constipation? Diet. What influences the body? Naturally what composes the body, what feeds the body, what exercises the body.

It has been conclusively proven by authorities that from the prenatal period right on through life, diet is the great factor in the General body health. You will note I say the General body health, for I claim that the mouth cannot be separated from the body in dealing with Preventive Dentistry.

But we cannot stop at Diet. Other things must be coupled with it. What about exercise?—What part does it play in health? What about your working conditions, pure air and sunlight. What about the start in life a child gets? Records drawn up by the R.C.D.S. show the state of the Calcium contents of an expectant mother before and after dieting and also the condition of the teeth. From these records we see that when properly dieted the slogan "for every child a tooth," meaning that the mother sacrifices a tooth for every child she gives birth to, is I say when properly dieted this slogan goes into the discard.

The necessary details of a properly balanced diet I will not go into, for such has to be decided upon according to various details, such as occupation and general health of the individual persons. Suffice it to say that we are all agreed that milk and green vegetables and fruits are a very necessary part of everybody's diet, but the quantities must be decided upon according to varying conditions.

To go into the details of all the Systemic diseases that have a bearing on dental disease would be to repeat the names of practically all known diseases. Some however show a more marked influence than others, and it is when these diseases are suspected that great attention should be paid to the teeth and gums.

But let us not forget those local conditions, those poor restorations either movable or fixed, that Traumatic Occulsion and that dirty mouth. Let us remember how big a part these factors play in influencing dental disease.

Exercise to the body was slightly touched on to keep the body fit. Let us not forget that exercise to the mouth is also necessary to keep the mouth fit. How is this exercise to the mouth to be obtained? Body exercise is obtained in a variety of ways. What of the mouth? 1st—By a good normal mastication of good farinaceous or vegetable foods. 2nd—By good tooth brush massage of both teeth and gums. This local attention will include exercise and cleanliness. Then we have correct restorations, correction of Traumatic Occulsion. Then the wider field of our profession which includes Orthodontia. From here we naturally slide to the question of the influence of Adenoids and infected tonsils, two factors which are

widely claimed to have an adverse Dental influence. Thence on to the General bodily health, including diet, exercise, working conditions and living conditions.

Until a Dentist has the ability and the opportunity to take care of all this we cannot progress to the fullest extent with Preventive Dentistry. But what we can do is to attend to the local conditions and give strong advice in regard to the rest, namely diet, exercise and both living and working conditions.

Such in my mind is the function of every Dentist, be he called a Preventive Dentist or otherwise.

COMMUNICATION FROM PRESIDENT OF PARIAMENT

"In protest against the type of humor which has been prevalent in Hya Yaka the Cabinet of the Students' Parliament gives notice to Editors of Hya Yaka that in future all articles of a personal or suggestive nature must be omitted and, insofar as possible, the magazine deal with articles of general interest to the student body, social, sporting items and editorials."

The action of Cabinet in this matter has, we hope, been a step in the right direction.

The value of wholesome humor is not to be denied. Yet the difficulty of obtaining original and wholesome humour for such a publication as this is, as has been exemplified by the past, an extremely difficult proposition, and probably should not be attempted. The aim of Cabinet to make the publication take on a more scientific aspect has, we hope, the support of the student body and will, we believe, aid in giving the students the habit of reading dental articles—the lack of which habit has in the past been strongly criticized.

A. L. HAYS.

CONDOLENCE

To S. J. Hellen, 2T7, in this hour of sorrow, occasioned by the loss of his mother, we extend the deep-felt sympathy of the student body.

A BARGAIN

Equipment suitable for small town or auxiliary office, consisting of leather upholstered S.S.W. Chair, Oak Cabinet with self-contained Bracket Table, Fountain Cuspidor with Pedestal. Full set of instruments and forceps and a considerable quantity of supplies, laboratory equipment, etc., etc. Must be sold at once. Only \$200.00. Telephone Randolph 9646.

THE HYA YAKA

Honorary Editor—DR. A. E. WEBSTER.

Editor-in-Chief—J. R. HOAG, 2T6. 240 College St. Res., 310 Huron St.
Phone Tr. 5702.

Business Manager—R. W. HUGHES, 2T6, 679 Spadina. Phone, Trin. 8719.

Ass't Bus. Mgr.—W. J. ROSS, 2T7. 633 Spadina. Tr. 9331.

Secretary—L. R. SLEMON, 2T8. 36 Carlton St. Rand. 2137.

Associate Editor—

H. A. T. Keenan, 2T8.

Cartoonists—

P. G. Anderson
Thos. Hayhurst

Reporting Editors—

R. Harmer, 2T6.
K. W. Hettenhausen,
2T7.
P. G. Anderson, 2T8.
M. V. J. Keenan, 2T9.
C. J. Paterson, 3T0.

Sporting Editors—

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Vol XXV

March, 1926

No. 5



It has been suggested from time to time throughout our college course that ideas towards the betterment of prevailing conditions in the colleges would be warmly accepted. So it is the desire of the writer that this thought be given consideration.

It has to do with the student making his own diagnosis and prognosis at the college, instead of having these important phases of dentistry activated for him; whereby he receives little or no training along this line at the college. The task of this training is duly and sorely felt when the threshold of a practice is entered upon.

Truly the arrangement of adoption of some such plan whereby experience of this nature might be provided is bound to bring about difficulties, nevertheless, with deliberation and consideration, the problem could be solved and the results would be quite a revelation.

There are many plans which would bring satisfaction—the writer will give just one suggestion. When the patients come to

the college they would use the present waiting room. The consulting doctor would assign the patients to the students. Charts, obtainable at the infirmary desk, would be given to the student with each patient and he would proceed to make his diagnosis and prognosis, filling out his chart. The patient would then take the chart down to the waiting room, when, in his turn, he would be consulted by the diagnostician, who, after examining the patient, would correct the chart, making necessary changes and charge.

This system would bear only with the senior year, for the experiences gained by the junior student would probably not be sufficient to make an intelligent diagnosis and prognosis.

Many ideas toward this end should be considered and there is little doubt that the results would bring about a more harmonious training for the student at the college.

SPORTING EDITORIAL

The Athletic Association at the Faculty of Dentistry may well feel proud of its successful entrants in the various branches of inter-faculty sport throughout the year. It has been said that Dents do not figure in Varsity athletics to any considerable extent. True, we haven't a representative on the Athletic Directorate, a lamentable fact indeed, but by the help of all sporting enthusiasts around the college we'll have one within two years. Organization is the key to the situation; with it and the co-operation of Dents on inter-collegiate teams we will reach our goal.

We cannot complain, however, on the showing of our inter-faculty teams. Let us for the moment make a hurried resume. In the rowing we fell down, due mainly to lack of a governing body. Up until the present time it has been more or less of a "wild" organization around the college; it was responsible to no one. We have made provision for next season, though, and have an able-bodied executive man in charge, who will see to it that a crew is whipped into shape for the regatta next fall. Rugby football was noted for its individual stars and lack of team play. Enthusiasm is running high already for the 1926 team, and with an efficient leader at the helm we look to him to bring the Mulock Cup back to 240 College St. Soccer was, in every sense of the word, a success, and the delightful part of it is that the team won't be broken up to any great extent by graduation.

There is room for improvement in water polo, and with the newcomers next fall we anticipate a smoother working machine. On the mat and in the rink we made a very creditable showing and prospects are very bright for another year.

No one can deny the fact that we had a great hockey team in the Jennings' Cup series this year, and although being eliminated in the senior finals, we still have hopes, and with a better grouping and a coach of Allan Cup fame (we are not giving out his name in

this issue), it is probable that Dents will once again take their place in elite hockey circles.

The Jr. basketball team glided into the ball of fame last week and they are a real championship outfit moreover.

The Senior Dent. baseball squad tucked away the inter-faculty championship again. Incidentally they came within an ace of having to play off with the smart Jr. Dent. outfit, who reached the semi-finals.

Thus, with three championships under our belt, soccer, baseball, and basketball, we have very little cause for complaint, and as the curtain lowers on the season of 1925-26 it leaves with us feelings of mingled hope and anticipation and a record that we must aim to equal and better.

THE STUDENTS' READING ROOM

Since the transfer of the college to the University there have been many changes. Doubtless most of these are an improvement, though it was hard to change the old methods, but none have been so big in principle and caused such little comment as the transfer of the Library and Librarian to the Students' Reading Room. This may or may not have been the Students' Common Room, but it was regarded as such by the students and was a place within the college where we could get a limited amount of privacy and a certain amount of liberty. Now this is gone and is even locked at certain hours. The piano is moved to a lecture room, where it is at many times inaccessible. Do the Faculty realize what this means? The students have no place whatsoever within the college where they can get any privacy and do as they wish. The question of smoking has, of course, been discussed "Ad Nauseum," but as things are now the students merely loiter about the college entrances or the drug store across the road, or in other dives of close access and questionable repute.

This matter is of pressing urgency and the authorities should at least attempt something. Whether there is room within the college for a students' common room is a debatable point. With smaller classes and transference of lab. work to the other University buildings, I venture to say there is. If the Faculty are unable to do anything, why can't the students? The Parliament fee is ridiculously low and surely with three hundred students or so enough money could be secured which would enable Parliament to rent or buy a portion or a complete house approximating or close to the college. This is just a mere suggestion and may not be practical, and besides, the proper place for a students' room is within the college. Still, the matter is of great importance, and I earnestly request everybody to give the matter most careful thought and consideration and not allow the subject to drop until it is settled to our satisfaction.

ILLILIWA.

A VISITOR FROM AUSTRALIA

Since February 10th, Dr. Scholes, Lecturer and Demonstrator in Crown and Bridge in the Faculty of Dentistry, Sydney, has been on this continent doing post-graduate work in Prothesis. Originally intending to spend but a short time at this college, his stay lengthened to nearly four weeks. Most of his time was spent with Dr. Cummer, Dr. Ante and Dr. Bothwell, not only here in this building, but also at their offices. During his stay a special Dental Teachers' Course was held at the college, when the system and methods used in instructing the students in prothesis were explained to those present. The course was attended by a dozen men from Dental Schools all over the Continent, Montreal, McGill, Buffalo, Pittsburgh, Harvard, Ohio, Louisville being represented.

Dr. Scholes had an exceedingly enjoyable time while in Toronto and wishes to thank both the staff and students who made him feel so much at home and made things so convenient for him during his stay.

S.C.A. MEETING

The second meeting in a series of fireside talks took place in Hart House Music Room on Wednesday evening, March 24th. Mr. C. W. Jeffreys, artist, was the speaker of the evening.

In his very delightful way, Mr. Jeffreys spoke of art as practiced by the Indians, and as done to-day. The Indian's life led him oft into combat, and he liked especially well to make pictures of his adversaries, whether man or beast. The adversary or enemy was always depicted as a small, mean, despicable object, while the conquering hero was of extreme proportions. Time has changed our ideas somewhat, and to-day a picture showing the conquered as an object of extreme proportions and conqueror quite modest, or something on the David and Goliath order would better portray the subject. Nor was the Squaw without artistic ambitions, for she ornamented the garb of her mate with colored quills and beads, arranged in various designs.

To-day, although art has greatly advanced, the artist still strives, by means of lines and spaces upon a plane surface, to portray fact and feeling. The painter, by his very arrangement, is able to draw the spectator's gaze to a desired part, and cause him to almost overlook a part he does not wish emphasized.

Art is not a hit and miss proposition, and the true painter must have a good knowledge of his subject, or it may be easily made ridiculous. For instance, in nature paintings the proper tree must be placed in the proper place to give the right effect. A willow would be out of place on a hill-top. The choosing of a good viewpoint is of great importance in painting, as it often overcomes the

necessity of having to move some object to a place of less prominence, which may result in destroying the true natural effect.

In closing, Mr. Jeffreys gave a very interesting illustration of figures in motion. This was followed by a discussion of one of the pictures adorning the walls of the Music Room.

The next meeting will be held on Wednesday, April 21st, when Prof. E. A. Arthur will give an address on architecture.

PARLIAMENT

The fourth Parliament meeting was held in the Board Room, Feb. 18th, 1926, at 8.00 p.m.

Garland—Ross: Minutes of last Parliament meeting be adopted as read

—Carried.

Ross—Patterson: That time of yell contest be extended for a month and that Presidents of the various years request members of their year to attempt to create a yell.

—Carried.

Hoag—Fisher: Question of shorter hours be discussed at next Cabinet meeting.

—Carried.

Hoag—Fisher: Mr. Ross attend the Medical Society dinner at Hart House Feb. 19, 1926.

—Carried.

Paterson—Hoag: Mr. Hoag call a meeting of the Dental Representatives on Hart House Committees and the Year Presidents to arrange matters concerning Hart House elections.

—Carried.

Hoag—Patterson: Parliament nominations be held on Wednesday, Feb. 24th, at 10.30 a.m. in Lecture Room B. General elections be held on Mar. 2, 1926. Year nominations must not be later than Feb. 26, 1926.

—Carried.

Hoag—Ross: R. J. Stewart be granted a Soccer Sweater.

Motion withdrawn by Mr. Hoag on account of absence of the President of Athletics. Held over until next Cabinet meeting.

Fisher—Ross: Amendments to constitutions be adopted.

—Carried.

Paterson—Hoag: That Trophy Craft be awarded contract to make official Dental Class Pin at \$1.90.

—Not Carried.

Vote was a tie and the President refused to exercise his right to vote. Held over until next Parliament meeting.

Hoag—Patterson: Treasurer be authorized to pay the following bills:—

24. Charters Publishing Co.	\$ 120 75
25. S. A. C.	126 00
26. Park Bros. (Torontonensis)	20 00
27. Donation to Gickersteth bouquet	12 00
28. My Valet Cleaners (sweaters)	6 75
29. A. E. Edwards (die)	12 50
30. G. M. Gerharty (flowers)	5 00
31. Stamps	7 50
32. Brothertons (athletics)	63 15
33. R. D. S. (H. Bramah)	3 00
34. A. R. Montgomery	3 35
35. Hya Yaka and Letterheads	142 28
36. A. G. Spalding	22 20
37. Photo Engravers	11 34
38. Allen and Morrison (sweaters)	99 20
Total	\$ 655 02

Ross—Fisher: That Parliament adjourn. Time, 10.25 p.m.

—Carried.

Pres.—A. L. HAYS.

Sec. —E. M. FISHER.

The Fifth Parliament Meeting was held in Class Room B., at 10.30 a.m., Wednesday, February 24, 1926.

Rosen—Ross: Minutes of previous Parliament Meeting be adopted as read.

—Carried.

Phillips—Flach: That A. E. Edwards be granted the right to make Dental Class Pins at \$2.35 each.

Amendment: Hoag—Pateron: That Trophy Craft be granted the contract for Dental Class Pins at \$1.90 each.

Original motion carried.

Amendment defeated.

Honey—Whitaker: That nominations be received to-day for the office of President of Rowing.

—Carried.

Parliamentary nominations were held.

Kennedy—Flach: That Parliament adjourn. Time 11.30 a.m.

—Carried.

Pres.—A. L. HAYS.

Sec. —E. M. FISHER.

The Tenth Cabinet Meeting was held in the Board Room, February 26, 1926, 5.00 p.m.

The following members were present: Hays, Vince, Hoag, Fisher, Garland, Phin, Phillips, Quigley, Thomas, Ross.

Garland—Vince: That minutes of previous Cabinet and Parliament Meetings be adopted as read.

—Carried.

Fisher—Phin: That Hart House Committee nominations and Parliament speeches be held on Monday, March 1, 1926, 9.30 a.m.

—Carried.

Phillips—Vance: That R. Stewart be granted a soccer sweater.

—Carried.

Phin—Vince: In reply to Mr. Rous' letter:—The Students' Phone be discontinued and a pay phone be installed in the reading room.

—Carried.

Phin—Vance: J. R. Hoag attend the School of Science At Home as Dental Representative.

—Carried.

Garland—Ross: Election Hours be: 10.00—12.00 a.m.; 1.30—2.30 p.m.

Polling Booths: Parliament—Fourth Year, Thih Year, in Class Room A.; First Year, Second Year, in North-west Histology Lab.

—Carried.

Hoag—Ross: That \$150.00 be advanced to Mr. Phin to defray expenses of the At Home.

—Carried.

Vince—Hoag: That Cabinet adjourn. Time 6.30 p.m.

—Carried.

Pres.—A. L. HAYS.

Sec. —E. M. FISHER.

The Eleventh Cabinet Meeting was held in the Board Room at 12.00 a.m., March 9, 1926.

The following members were present: Hays, Phin, Paterson, Ross, Wolfe, Garland, Quick, Thomas, Phillips, Quigley, Vince, Hoag, Fisher.

Vince—Phin: That in protest against the type of humour which has been prevalent in Hya Yaka, the Cabinet of the Students' Parliament gives notice to the Editors of Hya Yaka that in future all articles of a personal or suggestive nature must be omitted and, insofar as possible, the magazine deal with articles of general interest to the student body, social, sporting items and editorials.

—Carried.

Ross—Garland: That Cabinet adjourn. Time 1.10 p.m.

—Carried.

Pres.—A. L. HAYS.

Sec. —E. M. FISHER.

RESULT OF 1926 ELECTIONS

President of Parliament—W. A. Potter.

Treasurer of Parliament—J. A. Macdonald.

President of AT Home—L. R. Braden.
 President of S.C.A.—C. H. Williams.
 President of R.D.S.—T. Scott.
 Editor of Hya Yaka—H. A. T. Keenan.
 Associate Editor—P. G. Anderson.
 Secretary of Hya Yaka—L. R. Slemon.
 Business Manager—P. G. Anderson.
 Business Manager—W. J. Ross.
 President of Dramatics—D. Kennedy.
 Joint Committee—W. A. Wolfe, J. A. Macdonald.
 President of Hockey—A. B. Sutherland.
 President of Soccer—M. J. Quigley.
 President of Rugby—Hudson.
 President of Basketball—G. O. Hutchison.
 President of B.W. & F.—R. M. Sparling.
 President of Track—J. Marshall.
 President of Swimming—J. Brock.
 President of Rifle Association—T. E. Hayhurst.
 President of Baseball—J. E. O'Brien.
 President of Rowing—D. R. McDougall.
 President of Fourth Year—G. O. Hutchison.
 President of Third Year—J. B. Greer.
 President of Second Year—R. Jackson.
 President of First Year—G. Morgan.
 Cheer Leader—Masiello.

The Twelfth Cabinet Meeting was held in the Board Room at a.m., March 27, 1926.

The following members were present: Hays, Phin, Ross, Phillips, Garland, Fisher, Paterson, Vince, Thomas.

Phin—Phillips—That minutes of last meeting be adopted.

—Carried.

Vince—Paterson: The Cabinet of the Students' Parliament heartily endorse the University Settlement Campaign and request that as much money as possible be raised among Dental Students in support of the campaign.

—Carried.

Garland—Thomas: That a committee of the year presidents be responsible for raising this money.

—Carried.

Vince—Phin: That the following men be granted D's: Second Year—Brown, Johnson, Buchanan, Currie, O'Brien, Marshall, Claman; Third Year—McDougall, Slemon, Hayhurst, Sparling, Graves; Fourth Year—McKay, Hettenhausen; Fifth Year—Saunders, Byron.

—Carried.

Vince—Phin: That Secretary post an agenda of the next Parliament Meeting, to be held Wednesday, March 31, 1926.

—Carried.

Vince—Phin: That cost of repair to graduation hood be paid by Parliament.

—Carried.

Garland—Ross: That Cabinet adjourn. Time 1.10 p.m.

—Carried.

Pres.—A. L. HAYS.

Sec. —E. M. FISHER.

SOCIAL

A very enjoyable dance was held at the home of Miss Greta Findley, 57 Williamson Road, on March 18th. The house was prettily decorated with Spring flowers. Several original novelty dances were introduced during the evening. A very dainty supper was served and the guests departed in the wee sma' hours of the morning.

On Saturday, February 13th, 1926, a most enjoyable time was spent at the home of Mrs. Pearson, Thornhill, Miss Agnes Phillip being the hostess for a much-enjoyed snow-shoeing party, given for the Dental Nurses and a number of their friends. The early part of the evening was spent in snow-shoeing. On returning to the home of the hostess, the guests partook of a sumptuous lunch served at individual tables, which were decorated for the Valentine season. The remainder of the evening was spent in music, dancing and bridge.

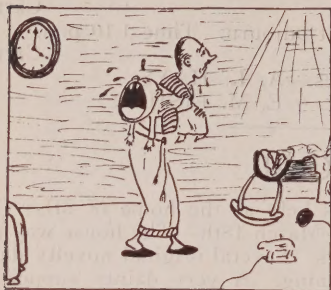
The evening of Jan. 26th was the occasion of a very enjoyable toboggan party, when the Dental Nurses and friends were the guests of Miss V. Fife. The guests assembled around eight, and after two hours of ups and downs on the Riverdale slides, adjourned to Miss Fife's home, where the remainder of the evening was spent in games, contests and a delightful lunch.

We regret very much that Miss Alta Aitken found it necessary to give up the Dental Nurses' Course for an indefinite length of time. Miss Aitken, accompanied by her mother, left for Vancouver, Saturday, March 20th, on account of the illness of her grandmother. We sincerely hope she will return in the near future to resume her course.

FOR SALE

Special—One Dental Cabinet, first-class condition, looks like new. H. Puddy, 440 Spadina. T. 7342.

/ *Lifes Little Comedies*



Open All Night



Midnight Blues



A Crooked Pair



Four Crying Out Loud.

Andy 1/10

To the Good and Bad of Letter "E"—

Someone has charged that the letter "e" is the most unfortunate letter in the English alphabet, because it is always out of cash, forever in debt, never out of danger, and in hell all the time. No little credit is due, however, in that it is never in war and always in peace. And we are deeply indebted to this little letter since it is the beginning of existence, the commencement of ease and the end of trouble. Without it there would be no meat, no life and no heaven. It is the centre of honesty, and although it starts off in error, it ends by making love perfect.

SPRIG IS CUBBIG

I have doffed by winter faddles

An dodd by subber clothes,

An for weegs and weegs

Have vadely tried to blow by dose.

"SNIFFLES."

SPORTS

BASEBALL

Well, let's buy some new dental colours to put on the Spalding Cup. The old ribbon must be about worn out being on there for five years. Well, boys, what has happened to the Baltimore Orioles has happened to the Dental baseball team, we having won the championship for the sixth consecutive year. Wow, some record, and by the prognosis we have room in the cabinet for it for another six.

To start the season, Dents were forced to enter two teams, a Senior and a Junior, because Dentistry was considered one of the larger faculties, and rightly so, but at the same time Dentistry has only a registration of 320 compared to Medicine's 700. However, after the decision was made, the boys went at it with a will and an inter-year tournament was run off. This brought out oodles of material and the teams began to shape up. The Juniors looked to be our best bet; they elected Mickey O'Brien as manager and Cec. Garland agreed to coach them. The team went at it strong and the way they went through their group nothing less than a championship was claimed for them. This, however, may have led to their downfall, as overconfidence is a bad thing for a ball team. Nevertheless, they bumped into a good team in Sr. Arts, led by How (Wizz Bang) Stollery, in the semi-finals. The Juniors won the first game of the play-off and it was only after a bitter struggle that they were nosed out in the last two struggles.

The line-up:—

Mickey O'Brien, catcher—the centre around which the team was built. It has been heard that Mickey is the smartest catcher in the Inter-Faculty series.

Sandy Sommerville, pitcher—a wonderful addition to the Dental ball team. His first year as a pitcher, and going his strongest at the end of the season.

Korman, at first—another find who finished off a smooth working infield.

Lawson—the safe steady second baseman as he was on last year's champions.

Stewart, at short—ditto to Lawson.

Roland, third—a snappy, quick-thinking fielder and a hard hitter.

Marshall, third or short—equally good at both positions.

Hayhurst, short—a player who kept up the calibre of the team when playing.

Quick and Hinde—steady, hard-hitting outfielders.

Senior Dents.

"Hail the Champs!"

What a collection of stars were gathered together on one team!

A team who sailed along carefree until crucial moments appeared and then went at it like a cyclone after a calm. What a bunch of sluggers every man of them! The following games show the strength of the team.

Dents 6, Guelph 3.

At Hart House, Dents started right in and played man for man and never ceased up until the last man was out. McKay pitched the opening game and made a wonderful job of it.

Line-up:—Saunders, c; McKay, p; Garland, 1b; Ingledew, 2b; Belden, ss; Egan, 3b; Carrol, ss; McKinnon, f; Byron, f.

O.A.C. 8-19, Dents 3-6

The two games at Guelph found Dents either in a slump or paralyzed from being away from home. McKay was off in the first game and was relieved by Ted. Belden in the second, who held them down. Guelph were certainly powerful on their own floor and all credit is due them.

Line-up:—Garland, c; McKay, p; Ingledew, 2b; Belden, ss; Egan, 3b; Williams, f; Kennedy, f; Saunders, f.

Dents 6-9, O.A.C. 5-1

The wind-up for the group came the following Saturday, when Dents played super ball and came through on top of both games. It was not without a struggle, for the first game was nip and tuck and was only won in the 9th. This victory for Dents disheartened Guelph, for they were never in the hunt after that. McKay pitched two good games and with Garland doing the receiving, and they formed a formidable battery. Egan and Carrol fielded well.

Line-up:—Garland, c; McKay, p; Carrol 1b; Ingledew, 2b; Belden, ss; Egan, 3b; McKinnon, ss; Saunders and Byron, f.

This now put Dents in the semi-finals and they were drawn against Victoria. This proved to be an up and down series. Dents took the first easily 16-8, lost the second after the most loose game of the year 17-13, and took the third. However, the second and third games were protested by Victoria and Dents on the ground that each played an ineligible man. Two extra games were ordered, but Dents won the first one 11-9 and so the other was unnecessary.

We now find the team in the finals, but their opponents not yet decided. First it was thought to be Jr. Dents, but they were nosed out by Sr. Arts.

Dents won the finals in two straight games, but they were forced to play Class AA. ball to do it. The first game saw Dents get an early lead and they hung on to it just long enough to win out. McKinnon starred with some amazing catches. Egan made some nice stops, while Red Byron performed the miracle of the season in starting a triple play. Red jumped high in the air to snare a hot liner, slid into second to force a double play, and then threw to Cec. Garland, who managed to tag a man at the plate to perfect a triple play.

The second and final game was the climax or tid-but of the season, Dents winning 10-9 in the last half of the tenth. It was a hair-raising game with neither team being more than two runs down at any stage. Sr. Dents trailed by one run for the first five innings and then went into the lead. They lost this, however, and were two down in the last of the ninth. They squeezed over two to tie it up and then came the tenth inning. Garland, Egan and Carrol singled in turn. McKay was out, and Red Byron produced a hit to send over the winning run.

Line-up—Garland, c; McKay, p; Carrol, 1b; Ingledew, 2b; Egan, 3b; Belden, ss; Byron, ss; McKinnon and Saunders, f.

The Champions

Cec. Garland, catcher—motto, "Not let any by," and be lived up to it.

Ken McKay, pitcher—a steady ball tosser who used his head to outwit his opponents. Pitched good series against O.A.C. and Sr. Arts.

Ted. Belden, pitcher—equally as good as Ken—very little difference—speed galore; pitched effectively against Victoria.

"Curly" Carrol—an ideal 1st baseman—the life of the team. Could take throws in any position.

Johnnie Ingledew—a second baseman who specialized in grabbing hot liners.

Red Byron, short—famous for his triple play and a heavy stick wielder.

Jack Egan, 3rd—proved to be the steadying influence of the team—ever optimistic that "we could beat 'em."

McKinnon—a smart fielder and our lead-off man at bat. It was Mac who started our famous rallies—famous words, "Leave me a batings."

Lloyd Saunders—a cool outfielder, never rattled; handicapped by a poor knee, but was always right there.

BASKETBALL

The winning of the Lipton Cup is by no means an annual affair at the Dental College. So it is with great pride that we land the event this year. The last time it was here our dear friend "Bob" was wearing knickers, and so it must have been at least fourteen years ago. Nine years ago the Sr. Dents reached the finals but lacked the extra punch to come through.

What they lacked that time the Jr. Dent team this year sure had. So now to come to this really great little Dent team of 1925-26. They started with what we hope to see more of—a true college spirit, and fought and defeated the heaviest team in the whole series, Sr. Meds., for the right to enter the semi-final group. Once again the old fight came up and by defeating Jr. Vic. and Sr. School twice, they left a doughnut in the lost column for the semi-final group. Then the glorious sixteenth when they lifted the cup from Jr. S.P.S.,

the last year holders, in a game that will surely be remembered by the supporters present.

The system of play was built around a sterling five man defence—a pretty game to watch and most effective. So adapt did they become at this style of play that sometimes during the opening minutes of games they held their own supporters with their hearts in their mouths with fear that they had forgotten to score in their eagerness to keep the ball out of their own basket. In this manner they sized up their opponents' system and after that the offensive started and it was just a matter of time.

Who all made up the team? No one year can claim any superior honour. There were four members from first year—three from second year and two from third year. There were no stars—the team worked like a machine and every man deserved an equal share of the honours.

Taking each member in order as they come to mind, the writer will try and do justice to all.

Murray Rolland—captain—third year. As game a kid as ever played the game. Never known to let up for a second. A real inspiration to a fighting team. He has played every year since coming to Dents. It was sure a fitting climax to captain the champions after three years of real work.

Johnson—second year. What can a team do without the jump? Built especially for the job and most certainly made a complete success of it. Also played centre for Varsity Jrs., but made a name for himself in the heavy going of the interfaculty series.

Alex. Stuart—third year. People with short legs have to stay and fight—long legs were made for running. Alex. combined another faculty, that of scoring baskets. A mighty sweet played who knows the game from A to Z, and who starts all rushes with fast combination.

Buchanan—second year. Relief forward for both Rolland and Stewart. An excellent player with a style all his own and that style is effective. He is a dead shot and a perfect pass—two qualities attained only by the best.

Brown—second year. Familiarly known as "Stonewall" and rightly so. As a School man was heard to say, "Why the devil can't they pass that bird?" "Stonewall" knows basketball like a pro. and was pivot man in the defense game.

Beube—first year. He held the position known as running guard. Frank held down that job to the satisfaction of everybody and to do that is a handful. His field baskets usually came when most needed.

Luzine—first year. He helped Johnson out with the most difficult job of all, that of centre. He did exceedingly well and while on gave every ounce of pep he had.

Buzz Stewart—first year. He subbed the defense. The nick

name suits him to perfection and when used was busier than a one-armed paperhanger, checking everybody in sight.

Morgan—first year. He was an all around sub. Revelled in heavy travelling and used his weight with telling effect. Next year will develop into a mighty fine defense player.

Rex Slemon—manager, third year. Played for last three years with Varsity Intermediates, this keeping him out of the Interfaculty series. The writer feels that he is endorsed by every player when he says that much of the team's success is due to the tireless efforts and excellent coaching of the manager.

—D. A. M.

Dear Gussie:—

Exams are drawing close and we are filled with foreboding—though as yet my nearest approach to studying is staying in the house two nights last week. One must break oneself into work gently. Already the Juniors are well into it and you seldom see them without a notebook or text.

The supply houses seem to be more optimistic about us graduating this Spring than we are. Hardly a day goes by but some literature arrives on equipment and supplies. First, Ritter Co. representative gave a demonstration of the outfit and presented us all with a small pocketbook and the Seniors with their large book on Practice Building. This is quite a handsome gift, and whatever else its advantages may be, certainly saves us the trouble of taking lecture notes in some subjects. Then the National Refining Company gave a banquet to the graduating class. Much to my disgust, circumstances did not allow me to attend the other evening. Too bad, wasn't it? Especially as the unanimous opinion was, it was "some real feed." Next, Ash Temple gave the class a talk on Economics in relation to the Practice of Dentistry. We got some real tips and I am rather afraid I have forgotten some of the good advice already. Plenty of free smokes, candies and a good supper followed. A good night's entertainment. And early in April, Goldsmith Bros. have promised us a dinner. So we are altogether doing pretty well.

The elections are all over now, even including the Permanent Executive of 2T6. I spent a quite enjoyable hour one Tuesday morning listening to the speeches of Parliamentary Candidates. Some were rather tame, most good, and a few really witty, one bright youth of Irish ancestry having us in roars of laughter. Hart House elections were more than usually hectic. For days before election the corridor was hung with placards, and the afternoon I went over to vote I had barely entered the door before I was surrounded by frenzied candidates. I had three cigarettes—having cigarettes given me was a great shock—usually I have to ask for them and am quite often refused—two pencils and between ten and fifteen blotters. If the man I voted for got in and has his way there will be two tickets for everybody for the masquerade.

The nurses are getting a special course in laboratory work this year, and a bunch of them is always to be found in the senior lab. They cast a few models, an inlay or two, and do a full denture technique case. This sudden invasion of a dental lab. by such a large number of the opposite sex at once is leading to an interesting experiment in quantitative psychology—will the boys use less profanity or the girls more?—the factor Dental Lab. of course is a constant.

The Monday morning speeches or speechettes still continue. Doctor Webster stages a curtain riser, then the budding orators burst forth. Now we are taking a course of lectures in Public Speaking, something really big is due to occur.

Now that the Library have incorporated the students' Reading Room within their fold, the piano is to be found in Lecture Room B. Inspired by its presence, two of the sermons gave a duet. This is a first class scheme, as it encourages early attendance to lectures and helps to fill in the ten minutes which is always to spare between 8.35 and 8.45 while we wait for the greater part of our class.

Punctual attendance for the Seniors, at any rate, has become extremely lax. I candidly admit I am as big an offender as most, but I would welcome the reinstitution of locking the door on time.

Some of the lectures are taken by the Juniors and Seniors together. The other morning we waited in vain for the lecturer. The classes became restless and noisy till a pianist was called for. A Junior man came forward and started up on the piano. This fired one member of 2T7, alias Hautas Elle, who presented a solo dance to a very appreciative audience.

There's really quite a lot of fun to get out of life, even if there are periclasia patients and root treatments.

Yours ever,

COURAGE! COURAGE! COURAGE!

By Edgar A. Guest.

When the burden grows heavy, and rough is the way,
When you falter and slip, and it isn't your day,
And your best doesn't measure to what is required:
When you know in your heart that you're fast growing tired,
With the odds all against you, there's one thing to do:
That is, call on your courage and see the thing through.

Who battle for victory ventures defeat;
Misfortune is something we all have to meet;
Take the loss with the grace you would take in the gain
When things go against you, don't whine or complain;
Just call on your courage and grin if you can;
Though you fail to succeed, do not fail as a man.

There are dark days and stormy, which come to us all,

When about us in ruin our hopes seem to fall;
 But stand to whatever you happen to meet—
 We must all drink the bitter as well as the sweet.
 And the test of your courage is: What do you do
 In the hour when reverses are coming to you?

Never changed is the battle by curse or regret,
 Though you whimper and whine, still the end must be met,
 And who fights a good fight, though he struggles in vain,
 Shall have many a victory to pay for his pain.
 So take your reverses as part of the plan
 Which God has devised for creating a man.

Gymnasium Outfits

Sweaters and Sweater Coats
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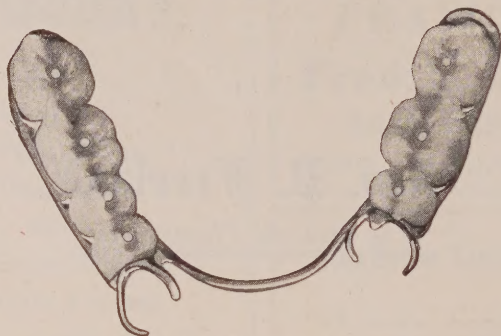
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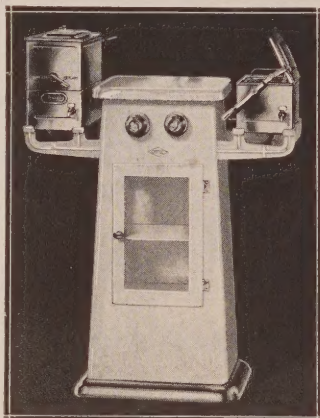
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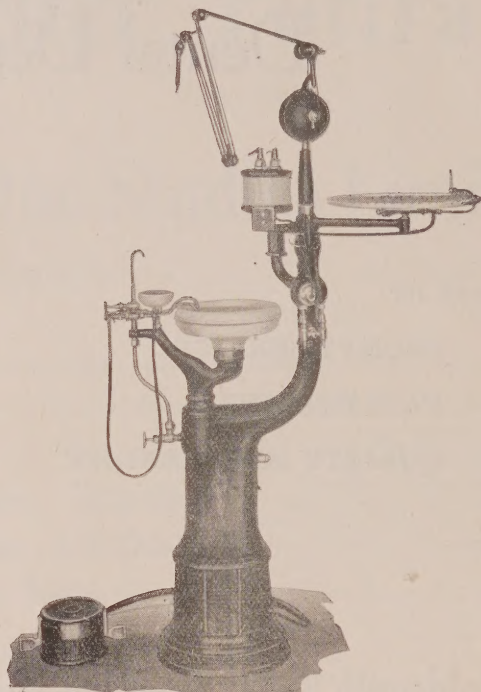
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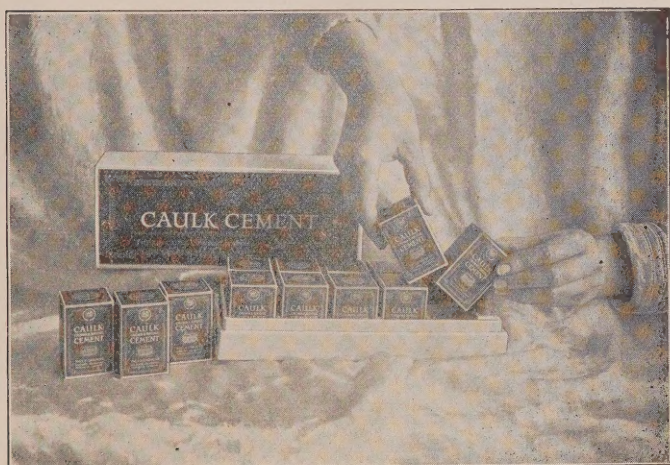
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THE HYA YAKA

VOL. XXV

April, 1926

No. 6

The Principles and Technique of Casting

I. H. Ante, D.D.S.

Casting (Wax)

ONE of the chief advantage of the casting process lies in the fact that small as well as large units may be formed in wax and cast in one operation with precision and accuracy sufficient for most practical purposes in Dentistry. Another and most valuable property made possible by this process is the retention of form, the finished structure being better distributed, a condition seldom if ever attained when building up with gold plate, wire and solder.

Just as the casting process has many possibilities, so it has many limitations. Absolute precision of adaptation is impossible, principally because of the shrinkage of gold, which while negligible in inlays, etc., is very apparent and detrimental in the construction of cast $\frac{3}{4}$ crowns and similar work where the least defect in adaptation spells failure.

We are now able to make inlays so nearly perfect as to satisfy the most critical. However, accurate and dependable gold casting presents many problems in addition to those of a metallurgical nature. Consideration must be given to the behavior of investment materials under various thermal conditions, the various methods of melting and casting, as well as to the deoxidation of the alloys employed and the final treatment of the castings; special attention must be paid to the wax employed, because of its high coefficient of expansion and contraction when subjected to changes of temperature, also to various methods of clearing the mold, as the accuracy of the mold, resulting from the wax pattern, is directly responsible for the accuracy of the casting.

Inlays to be properly adapted to the walls, margins and gingival seats of cavities in teeth must be more precise, and, therefore, are more difficult to construct and adapt accurately than any other form of casting. The tooth which is to receive the inlay does not yield and conform itself to inaccuracies, whereas saddles and partial or full plates, even if slightly inaccurate, are easily and satisfactorily adapted to the mucosa which does yield and conform itself to slight imperfections.

Technique may vary in the hands of different individuals under

different conditions, but principles do not vary; they guide, direct and control technique.

Characteristics of Wax

One of the greatest difficulties in the making of accurate wax patterns, especially for inlay work in which the utmost precision is essential, results from the instability or change of form and volume of so-called inlay waxes, which are composed of various proportions of organic and vegetable products; the compounds of paraffin, resin, carnauba, bayberry, beeswax, etc., employed for the purpose, are extremely variable in composition and physical properties. The waxes employed may be divided into three groups; hard, medium and soft.

Those of the first group are of the very hardest type; are entirely non-plastic at body temperature, fracture easily when bent or compressed in the cold state, flake badly unless manipulated at a very high temperature, are difficult to unite or weld when broken, having little or no adhesive properties, and are much more liable to distort and shrink upon temperature changes than the waxes in the other groups. It might also be added that they remain plastic longer upon heating than those in the following group.

The medium hard waxes in the next group are also non-plastic at body temperature. They soften at a lower temperature than the very hard waxes, are slightly more adhesive, hence, weld more readily, flake less, and are generally easier to manipulate. They distort and shrink less than those of the first group, also melt, carbonize and volatilize at lower temperatures. Clinical experience has indicated that in temperate climates these waxes are more suitable than those of the very hardest type for inlay work in general, both for the direct and indirect method. They soften at 115 to 130° F. and melt at about 150° F.

In the third group, soft or comparatively soft waxes, may be included a number of so-called inlay waxes which are entirely unfit for inlay use, even outside of the mouth, because they are not rigid enough even at room temperature to maintain delicate margins for inlay work. In this group may also be included the waxes furnished in sheet form, for casting saddles, plates, etc. These are very plastic and easily adapted, and as they are warmed but slightly to secure adaptation, the range of distortion is so low as to be practically negligible, especially when chilled under pressure. They soften at body temperature and melt at about 110° F.

It is claimed that casting wax has a co-efficient of expansion of one per cent. for every 20° F. in rise of temperature. If this is true, then, the co-efficient of contraction being equal to the co-efficient of expansion, we have a volume change of approximately two and one half per cent. between the temperature at which the wax is heated, namely, 130° F., and the open mouth temperature of 80° F., to which the wax is chilled. Our great problem is to know how much shrinkage we have to contend with, when this expansion

and contraction is completed, and how best we may minimize same.

Wax heated over an open flame and the surface allowed to flow is apt to become brittle and flaky; also, the theory advanced is that dry heat extracts the oil of paraffin, which is a most needed element, and the expansion of the wax is raised to the maximum.

While it is claimed that most of the inlay waxes volatilize completely, leaving no residue in the mold, it is unfortunately true that many of them, no matter how highly heated, leave a residue of unconsumed ash which deposits in various parts of the mold, occupying space and thus causing defects or pin holes in the casting. Therefore care must be exercised in the selection and testing of the different waxes to be employed.

The organic and vegetable products of a wax when burned out leave a carbonous residue upon the surface of the mold which acts in a double capacity, as a deoxidizing agent and as a flux for the gold, and the amount is determined according to the amount of heat applied.

Heating to 500° F. and over decarbonizes the wax, producing in the mold dark brown residue; light brown residue at 600° F.; and volatilized or eliminated at 700° F. and over.

Heat not to exceed 350 to 400° F., or low heat technique, the wax is absorbed into the investment and carbonized, producing a hard black surface on the inside of the investment which gives a burnished casting.

Eliminate wax by steaming through sprue hole, and boiling out with boiling water, then heating, are both for low heat technique, 350°.

Just as the various types of waxes differ in melting point and hardness, so do they differ in the temperature required to carbonize, decarbonize, and volatilize. This must be borne in mind in connection with the various methods of removing the wax pattern from the mold, because, whichever method is adopted, the type of wax selected must be adhered to for the particular method and not changed without proper temperature readjustment in the heating of molds.

It is unquestionably true that shrinkage in castings (unusually laid to investing, burning out or shrinkage of gold,) is often due to faulty manipulation of wax preliminary to making the pattern.

A knowledge of the characteristics and working range of the wax employed is essential to its proper manipulation for obtaining a good impression.

Wax in the shape of cones is probably the most convenient form for inlay work. These cones can be obtained in several sizes. Each cone contains sufficient wax for a single impression. Wax molded in stick form is also popular.

To soften wax, immerse in warm water of the temperature required for the wax used. The temperature requirements will vary according to the composition of the different waxes, and to meet

individual ideas as to the proper consistency for molding. Accurate adherence to the temperature determined as best for the wax used insures maximum moldability.

The wax is placed in water at about 125° F.; when sufficiently plastic remove and dip tip of cone into the flame to soften the tip and use the hard end as a plunger to force the soft wax into every part of the cavity.

Now insert the wax and apply pressure in one direction constantly, always at right angles to gingival seat, for one minute. At the end of this period the wax will have ceased to "crawl" under pressure.

Chill with room temperature water, remove pattern from cavity and examine in detail all seating surfaces and margins to see that the outline is sharp.

Waxes. The better combinations of waxes may differ in hardness and elasticity, but when manipulated they exhibit certain physical characteristics common to all waxes, namely, expansion, contraction and elasticity.

The following techniques to compensate for the physical characteristics of the wax pattern are recommended:

(A) Thoroughly chill the wax and remove from the cavity. Then soften all cavo-surfaces by dropping hot water on them. Lubricate the cavity, preferably with warm water, and again press to place for one minute. Or:

(B) Add softened wax of the same formula to dry surface of the gingival seat of the pattern.

Soften cavo-surfaces and all margins with hot spatula and apply pressure for one minute.

For a compound cavity use a matrix band to prevent the wax from crawling away from the gingival seats; but the use of sharp curved cutting instruments, the wax may be cut and shaped off, buccally and lingually, always cutting as much as possible towards the margins, by this means accomplishing a certain amount of burnishing.

If difficulty is experienced in polishing the mesial and distal surfaces of the pattern at the gingival margin, a strip of very thin satin or China silk can be used to good advantage. The materials have the proper qualities to pick up surface flakes, polish, remove overhang, and to reach angles which are difficult to approach with an instrument without damage to the margins.

Also with the China silk strip, passed through the interproximal spaces and around the tooth, the ends held firmly at the buccal or labial and the wax pattern pressed firmly in its position while "pull" is exerted on the strip, the wax pattern will be adapted to the axial walls of the cavity and any distortion corrected.

Remove wax matrix from out of the cavity, with point of explorer placed in palm of hand. Heat sprue wire of suitable size and insert into greatest bulk of the wax, where it will least defect detail

and most facilitate the entrance of the gold to all accesses of the mold and in a position so that all of the wax is in advance of the sprue.

Tapered Sprues Are Not Advisable

Sprue pins of different sizes, graduated as follows, have been used successfully and give best results by minimizing the contraction of the gold in the inlay.

Size of casting $\frac{1}{4}$ dwt. 20 gauge sprue; $\frac{1}{2}$ dwt. 18 gauge; 1 dwt. 16 gauge; 2-3 dwt. 14 gauge; 5 dwt. 12 gauge.

Place in water of room temperature in different colored medicine glasses, the color of the glass to designate the metal to be employed for casting.

For casting small restorations such as inlays, crowns, clasps, etc., the distance from crucible to wax pattern (length of the sprue) should not exceed one-fourth inch (preference given to a length of three-sixteenths inch). A longer sprue hole in a cold mold will often result in an incomplete casting, because the gold may become sluggish before reaching the mold. The distance of the wax pattern from the end of the ring should not be over $\frac{1}{4}$ of an inch to allow for free escape of oil or gases through the investment.

Investment Compounds For Casting

The materials employed for molds in casting operations consist almost invariably of plaster of Paris and silica; the plaster of Paris serves as a binder or cement, holding together the particles of silica which constitute the filler, and prevents shrinkage of the mass, or induces expansion, depending on the proportions and thermal conditions.

The greater proportion of plaster in the investment, the smoother will be the casting, but the more liable to check under excessive heats. Inversely so, the greater the siliceous element, the greater the heat resisting properties, but the more porous the investments and the rougher the castings.

Plaster of Paris is prepared by slowly heating the native gypsum sufficiently to drive off the first molecule of water of crystallization, which begins to be given off at 175° F. and is entirely eliminated at 260° F., then grinding the gypsum to plastic powder. The user adds again the molecule of water of crystallization, together with free water, and re-crystallization takes place, forming set plaster.

Plaster shrinks very considerably upon heating, especially beyond 400° F. Furthermore, the numerous grades on the market vary considerably in fineness, setting time and hardness, also to some extent in degree of shrinkage upon the application of heat.

Plaster disintegrates at 375° F. and assumes a dry powdery form entirely unfit for casting into, and is therefore the weakest and most dangerous of investment ingredients. However, when combined in proper proportions with siliceous, marble dust, graphite, etc., its heat

resisting qualities are raised sufficiently to withstand the burning out of the wax.

Therefore the plaster content of an investment must be varied to suit the method employed, the degree of heat applied, and the time of its application.

Silica or silex is the commercial or trade name applied to the finer grades of crushed quartz, flint, sand, etc., all of which are quite similar in chemical composition (SiO_2), but vary in the amount of impurities contained. The best type of silica for investment compounds is of the crystalline variety, as it expands to a comparatively high degree upon the application of heat (400°F. and above); whereas other silicas (known as diatomaceous earth) are lower in specific gravity and possess little or no expansion; they often contain a high percentage of impurities, and shrink greatly upon heating.

Nearly all the investment compounds on the market are claimed to neither expand nor contract. This statement is very misleading, as most of them shrink very considerably upon heating, and this accounts for much of the inaccuracy in casting and soldering operations.

The plaster and fine silica control the degree of smoothness of the surface of the mold, hence the addition of any material such as graphite, has little or no influence in making a smooth mold, and is objectionable because it floats in water and retains air; the mixing of the investment must be prolonged on that account. The graphic compounds are usually made with retarded plaster, which is also objectionable.

Another factor which directly controls the smoothness of the casting is the temperature that the mold is heated to and the temperature of the mold at the time the gold enters it. The theory that a mold when heated is enlarged by the expansion, to compensate for shrinkage of the gold in cooling, is correct theoretically, but it does not work out in the case of casting. While an investment for casting may be formulated so that it will expand upon heating, the investments generally employed do not expand, but shrink so much upon being subjected to high heat that an actual contraction as well as a distortion of the surface of the mold takes place and the resultant casting is distorted or warped; hence casting into an excessively hot mold is not advisable with any investment, even when of the expanding type.

1.—Low Plaster Content for low, high or medium heat technique. These compounds consist of 25 to 30 per cent. plaster and 70 per cent. to 75 per cent. silica. They may be subjected to as high a temperature as 1300°F. without any shrinkage, but they begin to deteriorate in other ways after 500°F. The weakening of the mass and loss of smooth surface becomes more pronounced after 800°F. has been reached, hence investments of this type should not be subjected to a temperature of more than 1000°F. at any time, neither should they be heated for a long period (over 1 to $1\frac{1}{4}$ hours). Also prolonged

heating of 3 or 4 hours at a lower temperature such as 600° F. produces just as deleterious an effect as a shorter period of heating at a higher temperature; heating for 2 hours, and not over 800° F., is sufficient for any mold.

Molds made from investments of this type depend for smoothness upon the impregnation of the investment walls surrounding the pattern, with the wax employed for the pattern, and excessive heating is contraindicated, as a carbon residue of film is formed on the inside of the pattern chamber, which produces smoother castings than by completely volatilizing the wax. Investments of this type must be heated moderately during the preliminary stages of drying to retain the wax in the pattern chamber and thus assure the necessary impregnation. Low heat 150° for 30 minutes and 600-800° for 60 minutes, or low heat 150° for 30 minutes and 350-400° for 60 minutes, for average size inlay ring.

2.—High Plaster Content: This type of investment, containing 45 per cent. to 50 per cent. of plaster, was developed primarily to provide a compound with a higher plaster content than the investments previously described, to provide a harder material for such purposes as models upon which patterns for cast clasps, saddles, etc., may be waxed up for casting directly on the model. An investment of this character is considerably harder than one with a higher silica content, and possesses sufficient strength so that it may be safely separated from plaster or modelling compound impressions. Containing a higher percentage of plaster, it is somewhat denser than the other investments, and presents a smoother surface, which is not affected by contact with moisture, or even boiling water. An investment of this type must necessarily contract upon being subjected to high heat, but when subjected to temperatures below red heat shrinks so little that the slight discrepancy due to the shrinkage of the investment is negligible.

A compound of this type undergoes no surface deterioration upon being subjected to the heat of boiling water, which makes it possible to employ it as an investment for inlays and similar work where the pattern is removed by boiling out the wax pattern from the mold, instead of impregnating the investment with wax and partially or completely volatilizing the carbon residue. An investment of this type may be employed to advantage in inlay work. It shows absolutely no shrinkage upon heating at temperatures below 450° F. for two hours.

A high plaster content is absolutely essential to the quick carbonization method, sometimes called "boiling out" technique (Knapp). This method requires an investment that will "set" thoroughly and quickly (15 minutes). It must set **thoroughly** to withstand the strain of rapid forcing out of the wax. It must set **quickly** in order to retain the free moisture to assist in washing out the wax when the high heat is suddenly applied.

A high plaster content investment burned out with high or medium heat carbonization technique, will crack, shrink and disintegrate

the mold to a greater or less extent, but if a low heat is employed, as 150° F., for 30 minutes and 350-400 for 1 hour, and not over 2 hours, it remains considerably harder than one of the low plaster content type, and does not crack, shrink or disintegrate, hence is better able to resist excessive pressure when applied in casting, and produces most excellent results.

3.—**Medium Plaster Content:** There are a number of compounds containing approximately 35-40 per cent. plaster on the market. The behavior of these compounds is rather unsatisfactory and extremely undependable unless employed under exact temperature control. They do not contract below 700° F. unless the heating is protracted, but as this is a critical temperature in the process of burning out patterns, the use of this type of investment is inadvisable unless used in the low heat technique, as there is not sufficient leeway to permit the necessary elevation of temperature, which is liable to occur with uncontrolled heating devices.

It is advisable to employ the low plaster content investment for casting operations such as saddles, full gold or aluminum base, etc., where it is essential to cast into a hot mold which facilitates the flow of the gold over very thin surface and large area; and the high plaster content investment for those casting operations for which it is especially adapted, as models for clasps or saddles, cast crowns, three-quarter crowns, inlays and small castings in general.

Investing Wax Pattern

Wax patterns made in the mouth are considerably distorted by transferring from mouth temperature to room temperature. A still further, and even greater, contraction takes place when they are invested in compound mixed with water at hydrant or tap temperature. Whether this is done immediately upon removal from the mouth or some hours later is practically immaterial. If a pattern in the cavity of a tooth in the mouth is accurate in dimension at mouth temperature, then it surely cannot retain this dimension if removed from the mouth and subjected to a material temperature change. Hence to maintain its exact dimension, the investment material and all apparatus should be room temperature or above. If the investment can be worked at mouth temperature all shrinkage of the wax pattern will be avoided, as this will serve to expand the pattern slightly and thereby aid in compensating for the contradiction of the wax and gold.

Mount the inlay and sprue on the oiled crucible former of proper design for particular type of casting machine to be used; cone shape for centrifugal machines when gold is thrown, saucer shape for all other designs. Examine wax with a magnifying glass to make sure that no margins have been bent or marred, also that there are no adherent flakes or shavings of wax.

Before each mix, thoroughly stir the investment in the box or can. The heavier ingredients tend to settle to the bottom from the shaking up in transportation or other jarring of the package.

For all techniques given herein, nine parts of water to a mini-

imum of sixteen parts of investment by weight is recommended. Uniformity of mixes is assured by weighing on an accurate scale. Correct proportion and uniform mixes are assured through use of the Heidbrink Scale (Taggart Scale 5 drams water) or Dental Products Scale.

Use distilled water. Beware of alkaline water which hastens the setting of the mix sufficiently to interfere with proper working of the investment.

With hand spatula use a large rubber bowl (at least 4½-inch diameter) and medium rubber spatula curved to conform to the bowl bottom. Keep them scrupulously clean and use them for no other purpose. Wet the inside of the bowl and wipe out with a towel before using.

Thoroughly spatulate the mix by rotating the bowl and flowing the investment beneath the spatula to remove the air from the mix and until a creamy consistency is reached. Do not stir, but rotate bowl for high plaster content 15-20 seconds, low plaster content 30-35 seconds, not longer.

For painting the wax pattern a No. 2 or No. 3 Red Sable or Ox Hair Art Brush is most suitable. The hairs of these brushes will not spread and introduce air bubbles on the surface of the pattern. Flow the investment rather than paint it on. While the investment is thin, cover seating surface first, contact point of sprue pin second, and outside surfaces last. Pour the mix into the ring (the inside of which should be moist but not wet), filling same, and insert the painted inlay down into the investment contained in the ring. If the mix is properly timed the investment is as thick as is possible to pour but not so thick that it must be helped into the ring with the spatula or the fingers. Water showing on top the mix, or around the base of the flask after pouring, indicates the presence of too much water or poor spatulation. Such a mix when "burned out" usually results in a cracked mold and castings that have rough surfaces and feather-edged margins.

If after painting the pattern a mix "sets" too fast to be poured easily, thoroughly clean the pattern with room temperature water and start from the beginning with a new mix. A knowledge of the working range of the investment used and a clean bowl and spatula will assist greatly in eliminating this difficulty.

Slightly oiling the sprue base insures its removal without sticking. Remove base when the investment is hard enough to cut (30 minutes). Heat the sprue pin slightly before removing, and use great care, as the pattern is imbedded in investment that has hardened but little. In all except the Quick Carbonization technique, allow the mold to stand and crystallize—minimum one hour, maximum two hours.

Crystallization is the "setting" of the investment which takes place during standing time before "burning out." Much discussion

has arisen as to the length of time required for proper crystallization of a mold.

To insure best results, no mold which has not been allowed to stand and crystallize for a minimum time of one hour should be submitted to either the Low or the High Heat Carbonization techniques. Also, no mold should be permitted to crystallize for over two hours.

Wax Elimination

Probably the most abused step in the casting process is the application of heat in "burning out." In all but the Quick Carbonization Method, after the mold is allowed to crystallize, heat should be applied gradually with a slow, even rise until the mold stops smoking. This gradual application of heat can best be accomplished by an electrically controlled oven, or a gas oven.

The use of proper heating apparatus is highly essential, and it is unfortunate that this important step in the procedure is often performed in a careless and inefficient manner. The appliances generally employed for this purpose are crude and inefficient, principally because the heat obtained, while ample, cannot be definitely controlled and applied.

The importance of the proper application of heat in the High, Medium or Low Heat Carbonization Method is shown by a review of what actually occurs during the "burning out" of a mold. There are three stages in the process. Successfully accomplished they are:

First: Driving of the moisture in the investment without exploding the mold or boiling the wax.

Second: Melting of the wax and its proper distribution throughout the investment.

Third: Burning out of all organic matter and combustible gases, with the minimum loss of investment strength and with a retention of carbonous residue as an infinitely thin lining of the mold.

Some discussion has arisen regarding the desirability of a carbonous film or lining in the mold. That its function may be better understood, let us consider the characteristics and actions of this residue. It is a well-known fact that inlay waxes contain only organic and vegetable substances. Therefore, the only kind of carbon dealt with in the casting process is amorphous carbon.

Amorphous Carbon in the presence of heat combines with oxygen to form carbon dioxide. Therefore, when the hot gold, to some extent oxidized, strikes the carbon film, the oxides and the carbon form carbon dioxide, which is forced out through the pores of the mold. The carbon film disappears as a gas, taking with it some of the surface oxides of the gold and leaving the walls of the mold clean. If carbonization has been complete there is nothing left to prevent gold from occupying the final marginal recesses. (References: Remsen's Chemistry).

This, then, should definitely dispose of the theory that the car-

bon film occupies space and prevents the entrance of the gold to the marginal recesses of the mold.

The retention of the carbonous residue or film in the mold is essential, because it accomplishes the two things which are highly desirable and which cannot be accomplished in any other way, viz.: its acts as a deoxidizing agent and as a flux for the gold. The burning out should be so regulated that this carbon film or residue is preserved.

In the boiling out method the process followed is identical so far as the treatment of the pattern prior to investing is concerned, but the investment employed must be of the high plaster type, the mixing, painting the pattern, filling the flask, etc., being done in exactly the same manner as previously described. After the investment has set for one hour, and the crucible former removed, the mold is laid on its side in a pan of boiling water and kept there for two or three minutes (or longer) until it is evident that the wax has come out. There should be sufficient water in the pan so that the mold is well submerged. The water must be boiling when the operation is started, and kept boiling but not hard; keep it just to the boiling point.

The temperature of the water can be increased considerably by the addition of some salt or soda or a small quantity of sulphuric acid. The boiling process removes the entire pattern with the exception of a slight film of wax which adheres to the walls of the pattern chamber, and which is decarbonized upon drying. As there is practically no wax present in the mold, the drying must be done at a lower temperature $\frac{1}{8}$ as the investment contains a high percentage of plaster, 150° F. for a period of 30 minutes; 350 to 400° F. for a period of 30 minutes (if heating device is of the closed chamber variety).

This method of removing the wax seems to offer great possibilities, principally because it permits the employment of a harder investment than otherwise. Furthermore, the investment is not materially deteriorated by the comparatively low heat to which it is subjected, and the mold resulting therefrom is much better able to resist even excessive pressure at the time of casting. Most excellent results can be obtained with this method, hence I do not hesitate to recommend it, not only for inlays but for all sorts of small castings. It must be remembered, however, that definitely controlled and applied heat in the drying molds for this method is even more important than for other methods.

Low Heat Technique

Any Casting Machine, any Investment, any Wax, Investment proportions 16 parts Investment (minimum) to 9 parts Water (by weight); Crystallization of Mold, minimum 1 hour, maximum 2 hours.

Place molds (sprue holes up) in cold oven, leave cover off and turn on low heat, 150° F. for 30 minutes; place cover on and increase

heat to 350° F. for one-half to one hour. Then examine molds as they stop smoking, remove them from the oven. This is the only fool-proof technique. It produces a mold with minimum shrinkage and distortion and of maximum resistance to the heat and stress of casting. It thereby allows latitude for obtaining workable castings from molds somewhat defective because of someone's failure to properly carry out some step in mold production. Molds "burned out" by this technique may be cast immediately without waiting for them to cool.

Nothing is gained by permitting the investment to cool when the low heat technique is used; if anything, it is detrimental to the investment if it is permitted to cool and then reheated, as it must be when the gold is melted on the surface of the investment, and especially when artificial gas and air are employed, as it takes longer to bring the gold to a proper state of fluidity with so-called "cold mold" than with a so-called "hot mold," hence nothing is gained. However, usually better castings will be obtained by reducing mold expansion by cooling, if high heat technique is employed, and using any type of centrifugal casting machine where the gold is melted in a crucible and not on the investment containing the inlay form.

Molten metal cast in a cold mold chills quickly, which interrupts crystal growth, thus producing small structures with maximum physical properties.

Slow cooling develops crystals. Also it has been proved that much crystal growth occurs after the metal has solidified and while cooling.

Therefore we recommend low heat technique and immediate casting, or high heat technique and allowing mold to cool.

Casting Machines

Since the introduction of casting several types of apparatus have been devised. While the results obtained with some have been excellent, no type of apparatus so far has excelled the air or gas pressure machine.

The air or gas pressure is definitely controlled, sustained and applied as slowly or rapidly as may be required after the packing has come definitely in contact with the upper part of the flask, seating it and forcing the air or gas directly on the molten gold.

The air pressure apparatus has a larger capacity and may be used to advantage in production of large as well as small castings.

"Vacuum" casting machines. These, while very numerous, probably in excess of all other types combined, and capable of producing good results if properly operated, easily get out of order because of leaky valves, pumps, etc., or through neglect to maintain a perfectly ground and polished surface on the bed plate and the casting ring, which must make a perfect contact in order to prevent leakage. In the majority of cases the vacuum is maintained for an insufficient time, due to leakage of the machine, or leakage between the bottom of the ring and the bed plate, or leakage due to shrink-

age of investment, any of which prevent the maintenance of the vacuum and cause the loss of pressure which should be sustained during the period required for the congealing of the gold. This usually results in separation of the casting from the button, deficiency of the casting at that point and still worse, rounded and deficient margins.

In spite of the general defects and disadvantages of the vacuum type of machine, very good castings can be made if the apparatus is in good order and the bed plate and flask are carefully reground and polished each time before they are used, to maintain a perfect seal; another precaution that must be taken is the use of an investment compound that will not shrink and leave a space between it and the walls of the ring. A quantity of gold sufficient to leave a residue button of not less than $2\frac{1}{2}$ to 3 dwts. should be used. Furthermore, the blowpipe flame must be removed instantly upon turning the valve and admitting the gold. A flanged clay cup or crucible, which covers the upper part of the flask and becomes practically a part of the investment, materially prevents the rapid passage of air through the investment, thus making possible a longer maintenance of the vacuum.

Centrifugal casting machines of various types are almost as numerous as those of the vacuum type, and while not as reliable and desirable as controlled air pressure machines, are capable of producing good results. The principal objection to some of the centrifugal casting machines is the fact that the gold enters the mold with great initial velocity, and the mold is liable to be distorted. As the velocity decreases, so does the pressure, and practically the same effects result as in the case of the vacuum casting machine.

Another type of apparatus, the steam pressure casting machine, which may be anything from a simple, home-made device to an elaborate device, is extremely unreliable but should be mentioned because it is extensively employed. In using such a device, dependence is placed upon the formation of steam through contact of moistened asbestos or putty with the molten gold, or hot casting ring and investment, the steam thus formed serving as the force to drive the gold into the mold. I cannot help voicing a most emphatic disapproval of this method, in spite of the fact that good work has been accomplished by it.

Very often insufficient force is produced, resulting in a complete failure to cast; at other times only a partial casting results, either for the same reason, or because the pressure is not sustained; on the other hand, excessive pressure is often produced which cannot be controlled, and in any event the pressure, even if obtained, cannot be sustained.

The percentage of successful, or reasonably successful, castings with this type of apparatus is considerably less than with even the vacuum and centrifugal machines, and unless one is especially adept and willing to take chances on "make-over," he will do well to avoid

the use of such unreliable methods, especially if his time is valuable.

I do not intend to imply that good work cannot be accomplished with other types of apparatus than the controlled and sustained air pressure casting machine, as this would be untrue. However, my firm belief is that the best results obtained with the other machines are due in a great measure to the skill and carefulness of the operators; also to the fact that the investments employed are not abused in heating as much as in the past, which makes possible molds not so seriously weakened or disintegrated; hence, capable of resisting higher initial pressures than otherwise. Furthermore, better alloys and methods of melting are responsible too. Operations in order to be valuable must be capable of repetition, and no type of apparatus that I personally know of will do this as well as the controlled and sustained air pressure machine.

Melting the Gold

Gold alloys for casting inlays to serve as attachments for bridge-work, clasps, sections of bridge-work, plates, etc., must necessarily contain a considerable percentage of copper, which serves as the main hardening agent, platinum being secondary and palladium negligible in that respect, but necessary to restore the melting point and prevent the segregation of the copper, thereby maintaining the stability of the alloy. Even with the proper addition of modifying agents (other metals), the copper oxidizes more or less during the melting of the alloy, depending upon the character and duration of the heat employed, and enters the mold in a partly oxidized state. The object, therefore, is to maintain the gold in a reduced form (metallic) and not in an oxidized state at the time it enters the mold.

Please remember that oxides do not alloy with metals. They penetrate the mass and remain in suspensions. Many casting failures are caused by oxidation.

Oxidation is caused largely by the use of an oxidizing flame and the absence of reducing flux. It is therefore necessary that extreme care be exercised in working out the technique of melting gold to a point where you can be reasonably sure of the fact that you are using a neutral or reducing flame.

With the city gas and air flame, which is probably the most generally used, and by using the neutral flame, it provides the best results. The neutral flame has a blue cone which indicates complete combustion of gas and air.

The oxidizing flame is caused by an excess of oxygen or air. This flame can be identified by the fact that it is a purplish blue cone, slightly yellow towards the tip, and throws off red sparks, which indicate an excess of oxygen that is not burned and is thrown in contact with the molten mass. Avoid the use of a flame of this character, as it is an oxidizing agent and contributes largely towards disappointing results. It is well to keep gold covered with blow-pipe flame to exclude air while melting.

Overheating has probably ruined as many, if not more, castings

than any other mistake that can be made in the casting technique, but the greater danger lies in too little heat, or rather too prolonged melting.

It is well to remember that the hotter the gold becomes, the greater tendency it has to absorb and retain oxides, which in itself is sufficient reason to guard against it.

Another very important reason for condemning overheating or prolonged heating is due to the fact that the smoothness of the casting is dependent to a very large extent upon the casting temperature. The temperature of the metal at the time of casting must neither be too high nor too low. When the metal is at white heat and spluttering, it is too hot. It is important, however, that care be exercised not to attempt casting without being sure that the entire mass is in a molten or liquid condition. This determination can be made by watching the metal carefully until the scum breaks, producing a mirror-like surface. It is very easy to determine at this point whether the mass is all molten or not by whipping the blowpipe flame over the mass. When a mirror-like surface is observed and you have determined that the mass is all molten, the casting operation should immediately be performed.

An inlay cast with gold insufficiently fluid cannot have the fine marginal detail which is so highly essential. On the other hand, an inlay cast with superheated gold can never be right, because the gold fuses with the investment surface on the interior of the pattern chamber, and, entering under pressure, impregnates the pores of the mold. The result is a casting so rough as to be apparent even to the naked eye; the resulting discrepancy prevents seating of the inlay.

High fusing golds pass through five visible stages before reaching proper fluidity for casting:

1. Forms into button.
2. Turns a cherry red in color.
3. Becomes spheroidal in shape.
4. Quivers under pressure of the blowpipe.

Caution

5. Approaches a white heat.

Danger

6. White heat, boiling and spitting of fine particles from the mass.

High fusing golds should be cast just before the fifth stage is reached; other golds at the fourth stage.

To carry gold beyond the fifth stage will destroy its usefulness for casting until it has been refined.

Quantity of Gold: An adequate quantity of gold must always be employed in casting operations, not only because oxidation during melting is reduced as the volume of metal is increased, but also

because an adequate excess facilitates the concentration of pressure over the sprue hole and thereby the production of a denser and better defined casting. For small castings, such as inlays, an excess of approximately 3 dwt. should be employed.

New unused gold is best for casting purposes.

Gold melted repeatedly accumulates oxides, which cause the metal to deteriorate and exhibit brittle tendencies. Therefore no melt should contain less than 50 per cent. new unused gold.

Impurities in casting golds are responsible for many casting failures. Scrap gold containing traces of solder should never be used.

Do not "flux" gold while heating it in the crucible for casting. Very often some of the flux is carried into the mold along with the gold, and causes incomplete castings.

With pressure machines avoid the use of more pressure than is needed for casting. Too much pressure produces distorted castings with feather edges and rough surfaces. For castings up to three dwt. the pressure should be sustained about two minutes. Without sustained pressure, castings may be incomplete, lack detail, and separate from the sprue.

With centrifugal machines, adjust the speed to produce only the required casting force, and sustain it for at least one minute.

With vacuum machines, occasionally test for leakage by tying a piece of rubber dam over the ring seat. Any leak which sustains suction force on the mold while the gold is being fused may draw some of the gold into the sprue hole, where it will chill and block the opening into the mold.

Chilling or Quenching: It is well to mention here that in no case should casting golds or clasp metals containing platinum be chilled at red heat. The character of these metals seems to repel so great a shock, because undue brittleness, cracks, and, in some cases, breakage results.

From the results of tests shown it is quite obvious that we are right in drawing the conclusion that casting into a warm mold and chilling after about thirty seconds have elapsed should provide the most excellent physical condition for your castings, and safeguards the technician against undue brittleness. It produces a tough, strong and elastic casting with just enough ductility to prevent breakage.

Pickling by the method commonly followed is best accomplished by heating the casting until it shows slightly red and dropping it into 25 to 50 per cent. Sulphuric Acid solution.

All highly alloyed golds such as used in clasps, bridge abutments with clasps, and other castings where spring and hardness are to be retained, after pickling heat the casting to a dull cherry red and allow to cool slowly in the open, then boil in acid 25 per cent. Hydrochloric.

Another Treatment of Castings: Castings upon removal from the investment must be thoroughly cleansed from adherent particles

of investment (visible and invisible), which prevent accurate adaptation and interfere with soldering, if this is to be done subsequently. The best and probably only method of thoroughly removing the adherent investment is by the use of hydrofluoric acid, which dissolves plaster, silica and similar substances quite rapidly and thoroughly.

Acids such as hydrochloric and sulphuric do not dissolve silica, but they may be employed in a secondary capacity to thoroughly remove the traces of hydrofluoric acid. The work should be permitted to remain in hydrofluoric acid for 15 to 20 minutes, then removed, dipped in sodium carbonate solution, rinsed in water and boiled in dilute hydrochloric or sulphuric acid, then neutralized in sodium carbonate solution and rinsed in water to remove the soda. Then, and then only, is the work really clean and suitable for handling in subsequent operations. Hydrofluoric acid is, of course, a very dangerous and objectionable material to handle and precaution should be taken to prevent contact with the hands.

Treatment of Residue Buttons. Residue buttons of casting gold, containing considerable alloy, should always be remelted in charcoal with "reducing" flux prior to subsequent use. After melting, the button should be permitted to solidify on the charcoal, but removed before it is cold (while still red) and dropped into dilute hydrochloric or sulphuric acid.

Residue buttons, unless very badly contaminated or much deteriorated by excessive melting, need not be discarded. Treatment with "reducing" flux and the continual addition of fresh gold (50 per cent.) is sufficient.

The problem of liquefying casting gold (pure or alloyed) to the proper degree is not simple, because it is very difficult to repeat these, comparatively speaking, minute operations and to obtain the same result every time. The following table indicates the various gases employed and the approximate temperatures attained in the melting of casting gold under working conditions.

"Low" Temperatures		App. Degr. F.
Artificial gas and compressed air		2200-2500
Natural gas and compressed air		2000-2200
Gasoline and compressed air		2100-2300
"Moderate" Temperatures		
Acetylene gas and compressed air		2500-2800
Hydrogen gas and compressed air		2600-2900
"High" Temperatures		
Artificial gas and nitrous oxide		3300-3600
Hydrogen gas and nitrous oxide		3500-3800
Natural gas and oxygen		3100-3400

Low Temperatures: In this group may be placed artificial gas, natural gas and gasoline gas. Artificial gas, while undoubtedly superior in caloric values and much easier to employ than the others,

is unfortunately not available in all communities; hence, those who are unable to use it are laboring under a serious disadvantage. While natural or gasoline gas are fairly capable of producing the necessary heat for ordinary soldering operations, both are not only generally inefficient but at times are entirely incapable of producing the necessary heat to melt casting gold, even to a lower melting point than pure gold.

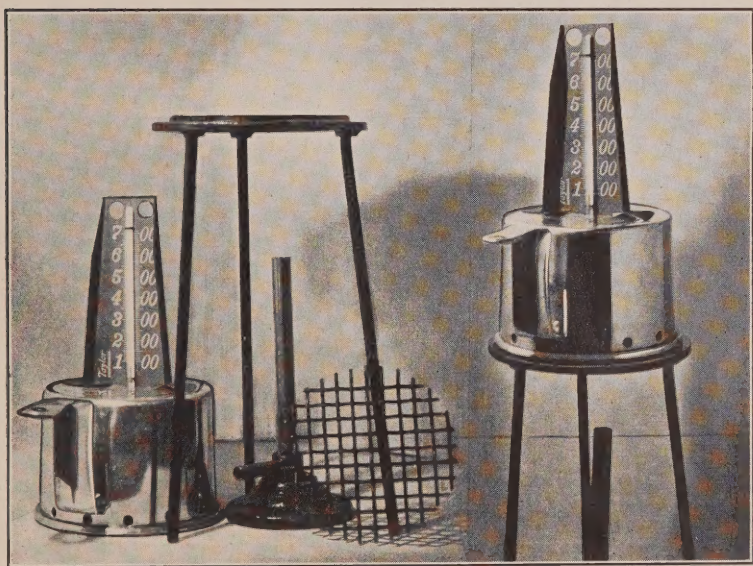
Artificial gas with compressed air unquestionably provides the safest, most easily controlled and most dependable fuel for general casting and soldering operations. The special advantage of this fuel is in the fact that while ample heat may be attained for all necessary operations, if an efficient blowpipe is used, it is impossible to attain "high" or "excessive" temperatures and thus superheat casting gold or overheat and endanger delicate parts in the process of soldering; thence, it should be employed in soldering and casting operations, whenever available.

Moderate temperatures: Acetylene gas with compressed air produces greater heat than artificial gas and is employed usually in localities where artificial gas is not available, and natural gas or gasoline is incapable of producing the required heat. The acetylene flame, however, affects alloys very unfavorably, forming carbides with copper, platinum, etc., and the results are usually very poor. There is evidently insufficient oxygen in the compressed air to neutralize the carbon freed in the burning of the acetylene, and a more neutral flame can be obtained with oxygen and acetylene than with air and acetylene, but the temperature attained by this means is so excessive as to be positively dangerous, and should not be employed with either alloyed or pure gold, if the latter is used, as superheated pure gold is just as much to be avoided as any other superheated gold, if smooth, accurate castings are desired.

Hydrogen gas is unquestionably the ideal fuel in communities where artificial gas is not available; while the temperature attained is considerably higher than is possible with artificial gas and air, it is so easily controlled and maintained by adjusting the air pressure that the danger of any overheating is negligible. In casting, the higher heat attained is highly advantageous, as the gold can be melted more rapidly than with artificial gas and compressed air. Another special advantage of hydrogen gas over other gases is in the fact that with it a "reducing" flame may be produced much more easily, which is highly desirable for all melting operations, whether for casting or soldering.

High Temperatures—Theoretically, high temperatures, such as produced by artificial gas and nitrous oxide or hydrogen gas and nitrous oxide, are preferable to lower temperatures for melting operations in connection with casting, when it is desired to bring gold to a state of fluidity very rapidly. If this is done without superheating the gold, it is unquestionably the ideal method, and it can be accomplished with proper controlling apparatus. The same ap-

plies to hydrogen gas with nitrous oxide, and natural gas with oxygen, and all are decidedly preferable to acetylene, no matter how employed. I shall not attempt to discuss the use of artificial gas and oxygen or hydrogen gas and oxygen (oxy-hydrogen) as the temperature attained, 3500° to 4500° F., is so excessive and so far beyond any dental requirement that they are decidedly contraindicated, and hence require no further comment.



Above is a cut of a very simple inlay oven which may be secured at a very low cost at any of the Dental Depots. It consists of gas Bunsen burner, stand, wire screen, cup and thermometer.

For best results with any investment and an average size inlay ring, run thermometer up to 150 degrees F., place inlay ring upon the wire screen, hole up and cover over with cup for half an hour at 150 degrees F. Turn flame up slightly and run furnace up to 350 degrees F. and hold there for one hour and not over two hours. Remove inlay ring and cast immediately.

To secure 150 degrees the point of the gas flame will be about one inch away from the base and for 350 the point of the flame will be just touching the base.



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At Home and B.W.F.



L. J. EASTER
Torontoensis.



T. N. BELDEN
Royal Dental Society.



A. HAYS
Torontoensis.



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Dramatics and Track.



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S.C.A. and Rifle Ass.



R. M. HARRIER
Hya Yako Rep.

SENIOR CLASS EXECUTIVES
and
REPRESENTATIVES
FACULTY OF DENTISTRY
1925-1926
UNIVERSITY OF TORONTO



J. B. WILKES
Varsity Rep.

VALEDICTORY

The parting of the ways is reached. We regard it with mingled emotions, of relief, because of a job done and an ambition achieved, awe,—because of the bigger job confronting us, and regret, that it means the severing of so many valued associations. Depending on the prevailing emotion, we think of our course as five long interminable years, or as a space of time that has been all too short.

Turn back the pages of time and we see ourselves in many roles.

The part of verdant freshmen we played to perfection, and wallowed in the mud of Willowdale Park, for the Sophs by their superior numbers, and acquired sophistication convinced us that it was “done.”

The second year brought a substantial increase in numbers, and the newcomers, proving their worth, were soon assimilated. Our chief pastime by day was that puck, “the hours I spent with thee”—And anatomy lab! Who said that was a few short years ago? Out of the dim and misty ages come those terms—“nervous cutaneous colli” and “tensor velli palatini.” We ducked a senior that year, and in the storm that followed Johnny Verth made a short but memorable speech that will go down in history.

Next came fourth year. We were getting on and might consider ourselves juniors after we had passed the infirmary quizz. All too well do we remember how we finally plucked up courage enough to meet Dr. Webster, and ventured in, armed with a complete and detailed knowledge of the practice of Dentistry, only to be asked the average temperature of Toronto Bay and how to make bread.

And then we arrived at that most exalted state (so we thought when we were freshmen) of senior—white gown and all. The “all” we have since found out stands for all the worries, all the foils that wouldn’t stick, all the inlays that didn’t cast, and all the demies for whom we waited.

Still we’ve fared pretty well. We’ll never forget the parties, and dances, the girls, the skating, nor the games we’ve played and witnessed. They will be as easy to forget as Joe Graham’s “local circulatory disturbance,” Dr. Willmot’s “change analgesic to anodyne,” Dr. Clarkson’s views on “chiroquacktors,” or our good old friends “Pop” Switzer taking off a bridge.

In the field of sport we have Anthony J. Vince, runner of University and Olympic fame; Bert Wilkes, captain of Varsity English Rugby, and Cecil Garland, walker and all round sport. In the executive field we have A. L. Hays, year pres., pres. R.D.S., pres. of Parliament and vice-pres. Administrative Council; Albert Phin, pres. At-Home Committee; Cecil Garland, pres. of Athletics, and W. G. Thomas, president of S.C.A.

Over the destinies of our class have presided five good men and true—Teeter Winters, Drew Jeffries, Arch Hays, Len Easter,

and Anthony Vince. For their untiring efforts in our behalf we have a feeling of deep appreciation.

To the members of our Faculty we wish to acknowledge a great debt of gratitude for their unselfish devotion to our instruction. May we, the first class to graduate from the new Faculty of Dentistry of the University of Toronto, live up to their ideals in rendering an unselfish health service to humanity.

"IT WON'T BE LONG NOW"

Little did we realize when we first lined up to pay our fees in 1921, that the time would come when **we** would reach the height of our ambition. But unlike our old friend Macbeth, our ambition "hath not o'er leaped itself."

Let me briefly outline some of the most outstanding events of the class of 1926 in our years at College.

We assembled in the year of 1921 in what was called the Pre-dental Year, and it sure took a long time before we knew what it was all about. Surely this was not Dentistry—at least we thought so at the time. Drawing cows! Throwing plasticine! Finding the height of the college building!! Attempting to grow mustaches!! and making bake ovens!! Surely Nature had not bungled? This was in the old days, when Copeland was Caplan with a C., and we found it difficult to distinguish between Caplan with a C. and Caplan with a K. By the way, Copeland has another name now. From Caplan to Copeland and now from Sally to Samuel. (See *Torontonsis*). Next year the cattle train arrived from the West and we were strengthened in numbers and brains by some of the best Bull throwers in the Dominion. Do you remember the banquet at the King Eddy in honor of the new arrivals? All the Westerners managed to wrangle the odd ash tray, and if I am not mistaken, Wild Bill Blackburn still has his trophy. Not bad ash trays, eh, Bill?

I shall never forget when Hugh John Kennedy asked Smith if he was the coach of the Varsity hockey team.

In Dental Anatomy Harold Hewitt, the tooth carver de luxe, almost made his tuition.

What became of the three Browns we had in this year? Where are they now? Ross, Bill and Norm.

Do you remember "Pete", the prize stiff of the Anatomy Lab? I'll bet Jeffries can still see him walking around in particles.

Johnny Verth declared our independence this year in his historically short speech in apologizing to the senior year.

Minus the Browns, we reached the half-way mark and advanced to a higher education. Something went wrong this year. Four of the boys deserted the free and easy life and became Benedicts,

and maybe one more, not mentioning any names, but he came from the West.

The Three Musketeers gradually evolved into the Four Horsemen and have since given us a wonderful example of unity and strength par excellence. Do you remember the first time Nosh McCarthy saw roller skates? He ruined a new pair of jeans trying to stand up on the gosh darned things. On floundering around the floor he grabbed me for assistance and so another pair were ruined.

Another year slipped by and we were led by a Blushing young man. What a session there was under Dr. Crouch. How often did we hear of the "most efficacious method."

Do you remember when Wilkes picked up the saliva injected rabbit? If you don't, "ask Bert."

Nifty Addinell, the big buttonhole manufacturer from out Vest, proved conclusively that there is such a hamlet as Banff. It wasn't until the advent of Nifty that such an important metropolis as Banff was brought to light. Honestly, I used to think Banff was the name of a Greek General.

—And then our noble Jerry Braden led the parade into the infirmary and has since continued to worry Dr. Richardson.

Here we are at last—5th Year men. New gowns, buttons and all—the year of numerous banquets, lectures, demonstrations, clinics, technique cases, and Dr. Cole—and wait a minute, "sharpen up that line angle a bit more." Do you remember Goldsmith's banquet—the best of the year. Naturally, naturally.

How often have we heard of the patients who did not keep their appointments, or someone shut off the vulcanizer, and my case has only been in half an hour—or whom swiped my inlay?—you're wanted on the phone, Mr. —Dash—. Mine ingin hass' bin stolin agin, Mr. Vinss. Now just a minute, fellows—and so we reach the end.

Our work is performed, our lessons are ended,
Undergraduates no more, but students forever;
To a much higher station we all hope to ascend,
And honor our profession right to the end.

TORONTONENSIS ERRORS

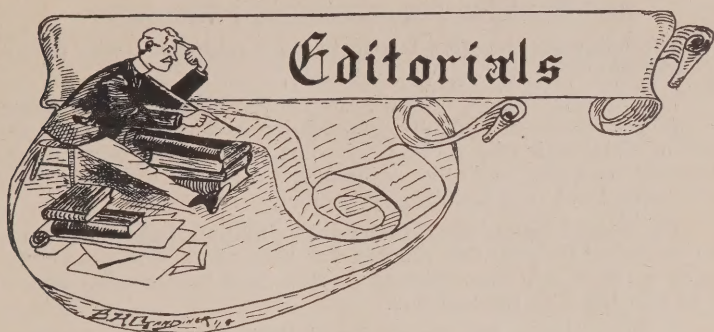
Several outstanding errors have again appeared in the Dental Section of Torontonensis. The photograph of Mr. Thomas, President of Students' Christian Association, was omitted from Cabinet group, while "Royal College of Dental Surgeons" appears instead of "Faculty of Dentistry, University of Toronto." Our graduating write-up was horribly mutilated owing to lack of space, and several minor errors appeared.

The task of publishing such an edition is an exceedingly great one. The responsibilities rest on many and errors are to be expected under such conditions. Former lessons and this year's impress us with the importance of making someone responsible for careful proof reading of our section in the Year Book.



HYA YAKA STAFF

Rear—Left to Right—W. J. Ross, T. E. Hayhurst, M. V. J. Keenan, C. J. Paterson, R. C. Honey, K. W. Hettanbars'en, C. Garland.
 Front—L. R. Slemmon, H. A. T. Keenan, R. W. Hughes, Dr. A. E. Webster, J. R. Hoag, R. M. Harmer, P. G. Anderson.



THE HYA YAKA

Honorary Editor—DR. A. E. WEBSTER.

Editor-in-Chief—J. R. HOAG, 2T6. 240 College St. Res., 310 Huron St.
Phone Tr. 5702.

Business Manager—R. W. HUGHES, 2T6, 679 Spadina. Phone, Trin. 8719.

Ass't Bus. Mgr.—W. J. ROSS, 2T7. 633 Spadina. Tr. 9331.

Secretary—L. R. SLEMON, 2T8. 36 Carlton St. Rand. 2137.

Associate Editor—

H. A. T. Keenan, 2T8.

Cartoonists—

P. G. Anderson
Thos. Hayhurst

Reporting Editors—

R. Harmer, 2T6.
K. W. Hettenhausen,
2T7.
P. G. Anderson, 2T8.
M. V. J. Keenan, 2T9.
C. J. Paterson, 3T0.

Sporting Editors—

Cecil Garland, 2T6.
R. C. Honey, 2T8.

VOL. XXV

April, 1926

No. 6

The distribution of equipment around the school certainly necessitates a great deal of criticism. For instance, there are three or four casting machines in the second year laboratory, while in the fifth and fourth year laboratory there is really only one (which is used by the average student). This casting machine is continually in use throughout the day, in fact there is usually a line-up of three, four or more awaiting its co-operation. Surely we all know that there is too much time wasted around the school already, on other things such as at the supply office, charts marked, etc., without this addition, which might easily be remedied. Would it not be in keeping to move one or two machines down from the second year laboratory, or even buy a couple. At least place two more casting machines in the fifth-fourth year laboratory.

Speaking of laboratory equipment, we might make mention of another vulcanizer. It surely would be appreciated and probably avoid a great deal of unpleasantness among the students.

NOTES FROM THE RETIRING PRESIDENT

The following thoughts I wish to leave with those who remain to carry on.

The present session, now nearing its termination, has, because of our new status of "Faculty," entailed considerable work on the part of Cabinet in the revision of constitutions, adoption of new crest and class pins, and other adjustments. These, we believe, have been carried out in a satisfactory manner.

The plan of having the Cabinet pass all bills and financial items and recording these in the minutes, has been adopted; a procedure which we hope will be continued, because it is business-like and of great assistance to the auditors.

A filing system for the Students' Parliament office has been started, which we feel should also be continued.

Cabinet meetings have been well attended, but Parliament meetings have not received the support of the student body. Therefore, in this matter, I wish to pass on the thought that the plan of holding Parliament meetings during the **day** at a specified hour and date each month, might improve this condition.

"Varsity" publicity for Dentistry has not been what it should be, chiefly, I believe, because our Varsity year reporters have lacked leadership, because we have too few men on the staff of "Varsity," and I cannot help but feel that our 5.30 closing hour leaves us too little time to think of anything but home and eating after the day's work. Our revision of constitution providing for a Chief Varsity Reporter with a seat on Cabinet, should materially improve conditions and, should he assign some of the lower year reporters to work on the Varsity staff, they would, I am sure, soon attain positions of influence in Varsity circles, now held almost entirely by other faculties. Our representation to the Faculty Council for a five o'clock closing hour will, we hope, bear some fruit and give our men more time to mingle with the men of other faculties at Hart House and on the athletic field. It should be borne in mind that we are here not to learn Dentistry alone.

During the sessions previous to this one, "attendance" was taken rather lightly, but during the present session the pendulum seems to have swung rather too far the other way. Men appear to be afraid to take part in athletics or other activities because of the bogey "attendance." This, I believe, will react on our status among the other faculties if carried too far. Attention should be called to the fact that arrangements have been made whereby consideration is granted, **within reasonable limits**, to all men engaged in faculty or University activities upon his application to the President of Athletics who forwards records to the office.

The present Cabinet are leaving our finances on a sound basis with a substantial surplus, but wish to point out, that with a decreasing registration, this is becoming increasingly more difficult

to do, and that economy with a surplus for your successors should be practised.

These few thoughts I submit to all, with a plea that the student body take a more active interest in Faculty affairs, and all good wishes to the Executive-elect.

Sincerely yours,
A. L. HAYS.

GRADUATION DANCE

Thursday, April 8th, marked the final big social event of the graduating class of the Faculty of Dentistry, when a most successful dance was staged at the Palais Royal.

To Mrs. Dr. Seccombe, the hostess of the evening, we are deeply indebted. She has faithfully and unselfishly assisted in carrying on the social functions of our five years, in a most pleasant and cheerfully capable manner. We will long remember her smiling greeting in our reminiscences of those good old college functions.

Our thanks to Dr. Seccombe for his lucky number prizes won by C. W. McCreary and Miss Bell T. Belden and A. J. Vince, and presented by Mrs. Seccombe.

Professor and Miss Downing gave an exhibition of the French Tango and Stop Waltz during intermission. Novelties, good music and a carefully prepared luncheon completed preparations of a delightfully arranged evening's program.

Financial obligations were reduced considerably by donations from the following firms, to whom we are indeed grateful: Ash Temple, National Refining, Ferrier's Drug Store, Goldsmith Bros., Dental Company of Canada.

C. L. Endicott and "Huck" Phin were in charge, and there was little doubt as to the evening's success. Successful lives are assured for them, if they can put over a dental practice the way they handle social events.

THE TOWN OF NO GOOD

My friend, have you heard of the town of "No Good,"

On the banks of the river "Slow,"

Where blows the "wait-a-while" flower fair,

When the "some-time-or-other" scents the air,

And the soft "go-easys" grow?

It lies in the valley of "What's the Use,"

In the province of "Let Her Slide,"

That "Tired Feeling" is native there,

It's the home of the reckless "I don't care,"

Where the "Give It Ups" abide.



U. R. Aho
Editor of Ilya Yaka



C. L. E. S.
Pres. 1st Year



R. J. P. L. M. D.
Pres. 2nd Year



W. A. W. O. L.
Pres. 3rd Year



E. M. F. I. S. H. E. R.
Pres. 4th Year & Sect.



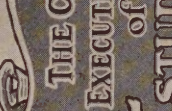
A. J. V. I. N. C. E.
Pres. 5th Year



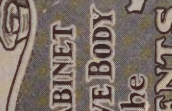
G. R. G. A. Z. L. V.
Pres. Athletics



H. P. O. U. S. S. A. S.
Pres. Dramatics



A. J. D. I. O. N. S.
Pres. R.D.S.



A. W. P. H. I. L. L.
Pres. of At Home



A. L. H. Y. E. S.
Pres. of Parliament



W. J. B. A. S. S.
Treasurer

THE CABINET
EXECUTIVE BODY
of the
STUDENTS
PARLIAMENT
OF ROYAL COLLEGE
1925 OF 1926
DENTAL SURGEONS

CABINET EXECUTIVE

The entrance of the School of Dentistry of the Royal College of Dental Surgeons to the University of Toronto as a milestone represents another milestone in the progress of the Dental Profession and also of the Students' Parliament, the undergraduates' governing body.

Changed conditions have necessitated new constitutions, new crests, new class pins, etc., but the Cabinet, the executive of the Parliament, under the leadership of A. L. Hays, have ably coped with the situation and worked to strength the bonds that now bind us more closely to the University.

PARLIAMENT

The Sixth Parliament meeting was held in Class Room B at 7.00 p.m., April 7th, 1926.

McKay—Quick—Minutes of previous Parliament meeting and Cabinet meetings be adopted as read. Carried.

Phin—Hoag—That the eight members of the Basketball Team, its Manager and the President of Basketball and the eight members of the Baseball Team who have not already received recognition, be granted sweaters. Carried.

McKinnon—Keenan—That members of the Cabinet be granted sweaters, excepting those who have already received sweaters.

Amendment I.—Belden—McKay—That Cabinet members each receive a sum equivalent to cost of sweater and pick out their own gift.

Amendment II.—That Cabinet members be given a University ring suitably engraved.

Amendment III.—Roland—Ingledew—That a committee to purchase a token of recognition for Cabinet's services not to exceed eight dollars each in price and excluding sweaters.

Amendment to Amendment III.—Hoag—Paterson—Committee not exclude sweaters.

Amendment III. carried, but amendment to III. was defeated.

Garland—Paterson—That Parliament adjourn. Time, 9.00 p.m.
President, A. L. HAYS. Secretary, E. M. FISHER.

The Thirteenth Cabinet Meeting was held in the Board Room, 12.00 a.m., April 21, 1926.

The following members were present:—

Hays, Thomas, Vince, Paterson, Phin, Ross, Fleming.

Phin—Vince—Minutes of previous meeting adopted as read.

Vince—Phin—That Freshmen be required to wear a skull-cap and bow tie of Dental colors, also a name-card, within building.

Carried.

Vince—Ross—That Hutchinson represent the Students at meeting to discuss tenders for 1926-27 equipment, held Monday, April 26, at 12.00 a.m.

Fleming—Ross—That Vince and Hays arrange matters concerning Cabinet picture with Mr. Milne. Carried.

Paterson—Fleming—That Cabinet adjourn. Time, 1 p.m. Carried.

President, A. L. HAYS.

Secretary, E. M. FISHER.

Fourteenth Cabinet meeting held in Board Room at 12 a.m., April 28, 1926.

Following members present: Hays, Phillips, Phin, Paterson, Ross, Hoag, Quick, Garland, Wolfe.

Phillips—Ross—That Wolfe act as Secretary for meeting.

Carried.

Ross—Paterson—That minutes of previous meeting be adopted as read with insertion of phrase re Freshmen. Carried.

Phillips—Hoag—That same committee be given definite instruction to have picture of Thomas inserted and scroll of Royal College of Dental Surgeons withdrawn from Cabinet picture. Carried.

Garland—Phin—That Treasure be authorized to pay following bills:

39.	Canadian National	\$ 28 60
40.	A. W. Phin	150 00
41.	E. M. Fisher	1 25
42.	M. J. Quigley	2 75
43.	Park Bros.	5 00
44.	E. Hobson	1 50
45.	Rent Room B., Feb. 12, 1926	4 50
46.	Rent Room, Feb. 18, 1926	4 00
47.	Students' Administrative Council	40 00
48.	Milne Ltd.	30 50
49.	Charters Pub. Co.	134 92
50.	Senior Tailoring Co.	6 00
51.	Charters Pub. Co.	4 46
52.	Rent Room B., March 18, 1926	4 00
53.	A. G. Spalding	1 50
54.	J. D. Bailey	6 44
55.	A. W. Phin	18 43
56.	A. W. Phin	6 50
57.	E. Hobson	1 50
58.	J. Brotherton	27 50
59.	Allen & Morrison	30 40
60.	West Toronto Press	115 50

Hoag—Quigley—That Mr. Ross draw up a petition requesting the Faculty Executive to reconsider the case, Mr. Fleming in asking him to repeat his year due to sickness and that Mr. Hays present this petition in person. Carried.

Phillips—Garland—That Secretary be instructed to place an order for caps and ties for Freshmen initiation, to be available at date of enrollment. Carried.

Hoag—Phillips—That the motion by Vince-Phin on March 9,

re Hya Yaka, be rescinded and a censor be appointed from the Faculty. Carried.

Garland—Ross—Upon the approval of President of Senior Year, Parliament and Dean of Faculty, the write-up for humorous history of Senior Year be issued in Hya Yaka. Carried.

Vince—Hoag—That Cabinet adjourn.

Cabinet adjourned 1.30.

President, A. L. HAYS. Secretary, E. M. FISHER.

The Fifteenth Cabinet meeting was held in the Board Room, May 8, 1926, at 10.00 a.m.

The following members were present: Vince, Hays, Quick, Fisher, Quigley, Phillips, Wolfe, Paterson, Phin.

Ross—Quigley—That minutes of previous Cabinet meeting be adopted as read. Carried.

Phin—Wolfe—That five dollars be given to the Students' Administrative Council to help defray cost of watch fobs to be presented to the graduating members of the Hockey Team. Carried.

Fisher—Phillips—That a gift of ten dollars be given to Miss Anderson in appreciation to typing she has done for the Cabinet. Carried.

Vince—Ross—As we are not allowed to have Dental Freshmen wear both skull cap and tie, Mr. Vince moved and Mr. Ross seconded the motion that incoming Dental Freshmen be required to wear a bow tie, one half of which is red and one half is blue. Carried.

Phillips—Phin—That Mr. Bain's I.O.U. be struck off the books as uncollectable.

Quigley—Paterson—That Treasurer be authorized to pay following bills:

61. Cash	\$ 2 60
62. Superintendent's Office	3 50
63. F. A. Ellis	14 00
64. A. E. Edwards	5 00
65. Brotherton, J.	153 00
66. A. E. Edwards	104 00

Phin—Vince—That the cost of the next issue of Hya Yaka be paid and that the Treasurer and also any bills that might arise on being O.K.'d by the persons responsible for the bills account. Carried.

Phillips—Phin—That the term "personal" in the original of Vince-Phin (Mar. 9), re Hya Yaka material, be interpreted to mean "of such a nature that the person named might reasonably be expected to take offence." That with this interpretation of the word personal, the Cabinet is in favor of the motion previously rescinded. Carried.

Ross—Quirk—That Cabinet adjourn.

Carried.

President, A. L. HAYS.

Secretary, E. M. FISHER.

HYA YAKA

In the year 1903 due to the efforts of Dr. W. E. Willmott, the first editorial board of Hya Yaka was organized. Dr. Leslie Oliver had the honor of being first editor of this official publication of the undergraduate body of the then Royal College of Dental Surgeons. Now it appears as the official publication of the student body of the Faculty of Dentistry, University of Toronto.

In its early infancy the issues numbered four a year, and during the Great War the work was carried on with difficulty. Since the war, however, times have flourished with Hya Yaka and a steady growth in size, number and popularity has taken place.

In its fourfold endeavour to stimulate literary achievements among the undergraduates, to furnish the students with the latest development in dental research, to record sporting activities, and act as a medium for social and personal news items, it has become indispensable in the dental student's life.

This year terminates a somewhat eventful, but in all a very successful season's activity and we view the dawn of next term's publication with hopeful and expectant anticipation.

SPRING

There is an old saying that in spring a young man's fancy lightly turns to thoughts of love. Is it so with us? Spring, that most delightful of seasons, marks the most important part of the year—the time when we must match ourselves against those old opponents, examinations.

This spring as every spring past will mark the successful termination of a year's work for some and the harvest of an ill-spent year for others. The former luckily are always in the majority, but the latter like the poor we have always with us. Is it not queer that Nature provides such brightness to ensconce glory and to make defeat more noticeable by contrast?

This spring marks the close of the first academic year of the Faculty of Dentistry. Shall it be crowned with success or failure? We prophesy it will be success. Dentistry shall help carry the University's name to the top of the roll of renowned educational centres.

Did you ever notice that atmosphere of calm serenity that is pervading the school these days? The scenes of erstwhile activity have shifted to the domiciles of the various students where wisdom is being imbibed eagerly. Dances, parties, athletics are being shifted to the discard to make room for the pursuit of knowledge.

However, this situation is but temporary. In a few short weeks we will be able to make merry with the rest of Nature's creatures. Thoughts of school will be lost in the heat of a corner-lot baseball game. So let's go and successfully ring out the old and ring in the new.



LOOKING AFTER ATHLETIC EQUIPMENT

It would seem that from conditions existing this year we must next year devise some better system of handling athletic equipment. This year marks, perhaps, the passing of the last of the large classes and with it a consequent drop in Parliamentary funds. Hence, the inference is obvious, we will not have the money to spend on athletics that we had in other years. We must make sure that the equipment we possess is looked after.

This year as in the past there has been a large amount of equipment not turned in. Oftentimes it is the fellow who does the least that gets something out of the school in the way of a uniform or sweater. Because of these conditions there is a lot of dissatisfaction around the college.

Next year we hope this situation will clear up and things will be handled to everyone's satisfaction.

BASKETBALL

Junior Dents: Sifton Cup Champions, 1926

At last, after a season of stiff games and hard training the hopes of basketball supporters have been realized. That wonderful trophy, the Sifton Cup, is back in Dentistry, after wandering away for almost a sixth of a century.

We are proud and rightly so, for 'tis a tale we will be able to hand on to our children, yea, even unto our children's children.

And who are the men that brought such credit to Dents?

First is Captain Murray Rowland. Not what you would call



DENTAL BASKETBALL TEAM

big but terribly mighty. Fast and a hard checker, with a splendid knowledge of the game. One of the scoring aces for the season.

Next in the foreward line is Alèx Stewart, a fiend for dropping baskets and a real player, and one of the neatest handlers on the team.

Then we have Johnston, our big boy, who jumps centre and drops in baskets when they are needed most. Can always be counted on for a steady game.

Now comes the stone wall of the team. That wonderful defence composed of Beube and Brown. These two men are hard to beat in any class, junior, intermediate or senior. Many times the situation has been saved by the brilliant playing and headwork of these two stars, and much credit is due them.

But that is not all. Buchanan, sub. forward, is a splendid man, a dead-shot, fast and smooth.

Next is Luzine, a centre man, who is improving each game. He is a hard worker and fills the position with ability.

Last, but far from least, is Buz Stewart. Small, but can that boy play basketball? Just watch him next year and see!

This comprises our team to which we owe a lot of credit, along with Semon, the very able manager and coach.

May they have such men as these in the future, and Dents. will always hold a leading place in athletics.

"WHAT WOULD YOU THINK?"

What would you think if you saw a pretty young thing standing on a corner, apparently waiting for a street car, but in the meantime keeping her eyes on the speed-boats, and you drove up daringly close to the curb and bent over the side of the car to enquire if "she would care for a lift." And then she smiled, her carmin lips separated ever so slightly, showing the edge of sparkling white teeth, and in a slow caress-me-tight voice she asked:

"Are you going north?"

Wouldn't you think she was going to get in? So did I.

And of course I says:

"To the North Pole, if you say so!"

And then, when you put your hand up to open the door, she lays a daintily gloved hand over yours and laughing softly up into your eyes. Wouldn't it make you think you were going to have a good time? So did I!

And then she draws her hand away and waving it gaily at you as she ran for the approaching street-car, sings back saucily:

"Well, old thing, give my love to the Eskimos."

What would you think? -- -- --

Sh! don't bother to tell me. That's what I got pinched for.

Parking by a water hydrant and thinking out loud.

"SAME FRIEND."



RIFLE TEAM

Rear—Left to Right—G. Kingman, P. G. Anderhon, E. B. Sisley.
Front—Left to Right—T. E. Hayhurst, Dr. W. E. Willmott, A. A. Somerville.

DENTAL RIFLE TEAM

Interfaculty Champions

Last fall the Dental team again won the De Lury Shield in the Interfaculty match, leading their nearest rivals by a comfortable margin.

Dr. Willmott, as Honourary President, has always taken an active interest in the work of the club. T. E. Hayhurst, known as "Tommy," is Captain of the University Association, as well as President of the Dental Club. From a shooting family, "Tommy" has for years shot for the R.H.R. in Provincial and Dominion matches. In the recent Intercollegiate match he was high individual.

Sandy Somerville, Secretary of the Intercollegiate Association, and star of several sports, never wanders far from the bullseye. Last summer he shot for the C.O.T.C. in the Provincial matches. George Kingman was the find of the year, and with a little practice managed to win second place on the Intercollegiate team. "Andy" Anderson learned to shoot down in New Brunswick.

"Ed" Sisley, graduating this year, leaves a space on our team that will be hard to fill. "Ed" shoots for the Irish Rifle Club and ranks high in that aggregation of crack shots.

S. C. A. MEETING

The last of a series of meetings during the spring term was held Wednesday evening, April 21st, in Hart House Music Room.

Prof. E. R. Arthur gave a very splendid talk on architecture, following its steady evolution down through the ages.

The Egyptians were the first people to wrestle with the science of architecture. The Lintel was their nearest approach to arch, and this resulted in a sagging horizontal part between the supporting up-rights.

In the fourth and fifth century B.C., Greece and Rome, to whom we owe much, made great strides in architecture. The Ionic, Doric and Corinthian types of column came into being and these were in evidence in the temples, gymnasia, coliseums, baths, etc., erected during this time. The Romans possessed a superiority over the Greeks in that they could build a coliseum or theatre on the plains, whereas the Greeks found the side of a hill essential.

Byzantine architecture next came into prominence. This type we find had a decided Grecian influence, probably due to the fact that a great number of Greek slaves were employed.

The Norman period came next, followed by the Renaissance period, during which time there was great building activity, especially of churches. The people were for the most part poor and apparently their chief desire was to erect a building to accommodate the greatest number of people at the least possible cost. In these buildings columns of various types appeared without particular ar-

rangement. These were probably procured from ruins of other buildings.

Gothic architecture made its appearance shortly following this, of which type the Dominion Parliament buildings are an example. Until this period much of the work was done according to verbal instructions, plans being rare. Those that did exist were usually upon parchment or wood.

Many great architects have passed and continue to pass across the stage of life. Few, however, will leave greater memorials than have Michael Angels in St. Peter's Cathedral and Sir Wren in St. Paul's Cathedral.

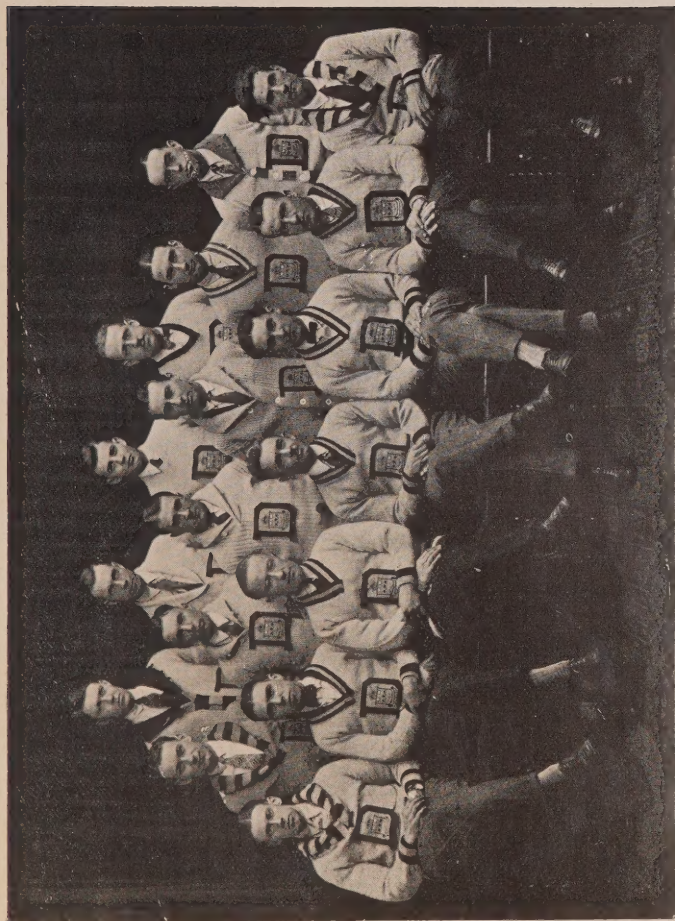
The meeting concluded with a discussion of the architecture of various local buildings.

"D" HOLDERS

The "D" is a crest composed of a garnet and gold college crest mounted on a blue background, filling in a garnet "D." It is the award for athletic merit given by the Athletic Association to those who are 1st T holders, to those who have played on a winning inter-faculty team, or to those whose outstanding ability have warranted some distinction as recommended by the Students' Parliament. In addition to D's, Dr. Willmott has granted in the past in pin named the Willmott Crown, to those of the graduating year who are first "T" holders, or to those recommended by the Athletic Association whose merits are deserving of more than a "D" and who have been outstanding athletes in their college career. These are only presented to members of the graduating year, while "D's" may be granted to any member, except those in their first year.

IT WON'T BE LONG NOW

This is the notice that greeted us when we entered the supper room after Joe's lecture. The evening was Friday, April 30th, and the seniors had just been given a talk on the problems of life by Dr. Graham. It was a most interesting talk delivered in a very entertaining, friendly way and we were all very sorry when he drew it to a close with a few brief references to our final exams. Vince then moved a vote of thanks which was received with acclamation and told us we would receive an issue of "eats" at the wicket as we passed by into the Histology Lab., but the crockery and table utensils had been hired for the evening. We were responsible for them and asked that we restrain our souvenir-hunting enthusiasm until the Graduation Banquet. It was some little supper too, believe me, with sandwiches, chicken salad, ice cream, cake, coffee and olives and "pop." The girls served the ice cream and drinks and they must be thanked not only for this but for preparing the room which was decorated with the college colors and generally getting everything ready and clearing up later in the evening. Before supper was over, Dr. Secombe came in and spoke for a short time and said he hoped we would all be participants in Convocation. Supper being over, Vince



DENTAL D HOLDERS

Rear—Left to Right—M. J. McKinnon, W. B. Milburn, C. G. Hewitt, M. E. Jarrett.
 Middle—Left to Right—J. B. Wilkes, J. A. Smith, A. J. Vince, L. A. Day, T. N. Belden,
 M. J. McDougal.
 Front—Left to Right—E. C. Butcher, J. R. Ingledew, W. H. Leitch, A. L. Hays, C. F.
 Garland, H. J. Kennedy, R. J. Stewart.

called for volunteers for clearing up and also for assistance with the dishes. The crowd responded willingly and in a very short time things were shipshape. In the kitchen Sproule turned out to be a master with the dishcloth and noble assistance was given him by Easter, Hughes, Thomas, Connel, Wilkes and McDougal and several others had their coats off and perhaps we should give them the benefit of the doubt.

Many thanks are due to Miss Riddle for the time and trouble she took and also her lieutenants, Miss Stack, Miss Simons, Miss Trent and Mrs. Edmunds.

We would also like to again thank Dr. Graham for the evening and we are certain if he could only have heard the remarks of appreciation passed by the individual members of the class afterwards he would feel amply rewarded for his efforts.

ILLILIWA.

PARDON ME

MAMMA'S BOY

My parents told me not to smoke—

I don't.

Or listen to a naughty joke—

I don't.

They told me it was wrong to wink

At pretty girls, or even think

Of intoxicating drink—

I don't.

To dance is very wrong—I don't.

Wild men chase women, wine and song—

I don't.

I never kiss a girl—not one;

In fact I don't know how it's done.

You wonder how I have my fun—

I don't.

(Selected from the review "Pardon Me.")

Pardon me for breaking in again, but I only wanted to ask a few questions—Yes, I heard all about the murder act, when curiosity killed a cat; but I also heard about a guy called Satisfaction who brought it back. So here goes for a rapid firing contest.

Did someone say, "Shoot"?

Yes, by the way, "Who shot the monthly newspaper?"

" . . . and Hya Yaka was such a nice kid too, but she has failed terribly in the last month, poor dear. She's so thin and lifeless looking, don't you think? No. spirit at all. Do they hold out any hope for her recovery? I most sincerely hope so; yet she certainly was pretty badly cut to pieces, eh? I suppose they will merely

patch her up and 'carry on.' That is the way with life, you know; but mark my words, if she doesn't get more life and pick up a little pep, she's going to be left out in the cold, you'll see—"

Am I too rude? Well, pardon me. But say, one little matter I would like to take up with you, if I do not appear to be too presumptuous in doing so, is this:

It says here in your book, under the heading "Communication from President to Parliament," that the aim of the Cabinet is to aid in giving the students the habit of reading dental articles.

Now, my idea of giving them the aid to acquire the habit of reading dental matter would be first get them into the habit of reading the magazine at all.

To do this you must make your articles in that particular paper as attractive and interesting as possible. The students have text books in which they can find much of the knowledge they require; they have lectures they can attend and clinics they can go to—and do go to; but when they pick up their monthly copy of Hya Yaka it is with an interest that is apart from study.

They open it up expectantly and their faces are "all set" for a laugh, and gleefully they slap the fellow beside them on the shoulder, "Say, Bill, did you see this?" or "Have you read that?" and gradually they are fingering the pages leaf by leaf, stopping to read "this article" and "that piece," and so they find themselves reading the entire book before they lay it aside. See! You have caught your man in the right mood and he has read it all, "Dental Treatisis," "In Lighter Moods," and everything.

I know, because I have sat in my chair and watched them, as a matter of fact it was because of the sincere interest they seemed to take in it that first made me curious to read it myself, and my special student dentist who wields the wicked instrument and wraps the odd drill around my molars and incisors was very kind in obtaining a copy for me.

Of course, I understand little or none of the talks on Diagnosis of Periodontoclasia and such like material, but I took a keen enjoyment out of their paper just the same.

But do you know what happened to-day at the College when I was down there?

Well, one student walked over to another to borrow something he needed and the other student bent down and pulled out a drawer of the cabinet to get the required object, and low and behold! a Hya Yaka lay there in all its newest glory, not even a few familiar thumb prints on the corners; it was too spotless to be healthy and so the other fellow says, "Have you looked at it yet?" nodding to the book.

The other one was still bent over, searching for the rubber-dam and between the occasionally grunt he says:

"Naw; Nothing in it. Dead as a door-nail I hear."

Thus, if they pin a little crepe on it and stow it away in their cabinet cases.

Is this giving the necessary aid to give them the habit of reading dental formula?

Pardon me if I may seem too bold, but—Figure it out!

There is a quotation in your magazine with which I heartily agree though, and it is the opening sentence of the last paragraph of the same article "Communication from President of Parliament"—"The value of wholesome humor is not to be denied."

This is one of the fundamental truths of the ages and in training ourselves to take things as they come the learning of the value of true humor should compose our first decade of study.

But if we are never schooled to be the butt of a joke or the object of well-meant laughter and still wear "that little old smile," how are we going to stand the sharper digs and more staggering blows that "Old Man Fate" will hand out to us, and not only hand out to us, but knock us down, tramples on us and hoot at us if we refuse to come back with a smile.

I think that it would be well to remember that be it a school where you learn to drill teeth and fill up cavities or where you learn to ease the pains of those who are racked on beds of suffering, or to learn to feed a press or run a lathe—they all have one great lesson in common and that is to make men out of us all.

Yours sincerely,

THE SAME FRIEND.

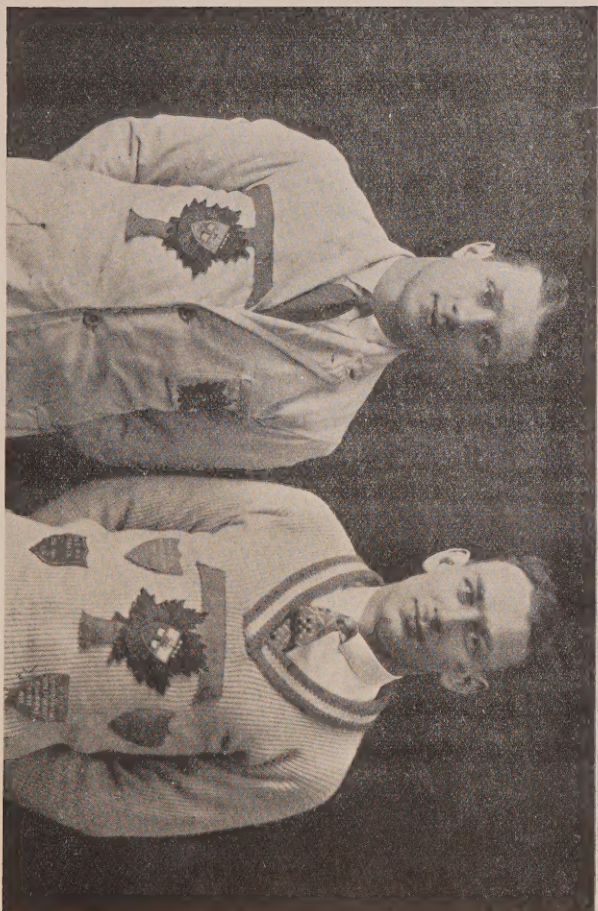
DENTAL "T" HOLDERS

Anthony J. Vince first became athletically prominent at Riverdale Collegiate, Toronto, when he broke the Ontario boys' record in the 100 yard dash. He played rugby on the High School Championship team, but decided that sprinting was his best sport. On entering University of Toronto, he became a member of the track team and twice an intercollegiate champion. During the year 1923 he held five championships, Canadian Y.M.C.A., Intercollegiate City, Ontario and Dominion Championships, equalling the Maritime sprint record of 10 seconds. He attained the goal of his ambition when he was chosen to represent Canada at the Olympic Games at Paris. Since 1923 he has only competed in a few events, and is devoting his time to the training of athletes.

J. B. Wilkes was the star English rugby player at St. John's High School at St. John. He also engaged in baseball and basketball.

For five years he has been an active member of the University of Toronto English rugby team, being a star player and this year's manager. The English rugby team of University of Toronto has been four times Intercollegiate winners. Bert has also been active in sprints, when he had Vince have shone together.

These athletes are devoted friends and chums, and it was a great thing that such men as these should both receive their T's.



A. J. Vince

DENTAL T HOLDERS

J. B. Wilkes

GOING STRONG

Did you ever meet the sheik who takes a drink of water out of one of those big white jugs that has a galloping steed on the side of it and a half crescent written around it saying, "White Horse Whiskey," and about twelve seconds later is telling you the price of eggs in China, the cost of pork in Jerusalem and how many refrigerators he sold in the Arctic Circle? Well this is what he whispered to me:

Say, Bo:

"It was on a stormy road
One dark and lonesome night;
It was there that I told Edison
How to get electric light."

I smiled wisely and told him to continue.

"Scientists were puzzled
On a question they did not know,
When one fine day they sent for me—
And hence the radio."

Then he whispered in my ear, "Now there's something else I'll tell you, 'cause you seemed to be my sort. Just listen 'till I tell you; its the secret of success."

"Push said the button.
Take pains said the window.
Never be led said the pencil.
Be up-to-date said the calendar.
Always keep cool said the ice.
Don't do business on tick says the clock.
Never lose your head said the barrel.
Do a driving business said the hammer.
Aspire to greater things said the nutmeg.
Make light of everything said the fire.
Make much of small things said the microscope.
Never do anything off hand said the glove.
Spend much time in reflection said the mirror.
Do the work you are suited for said the flue.
Get a good pull with the ring said the door-bell.
Be sharp in all your dealings said the knife.
Find a good thing and stick to it said the glue.
Trust to your stars for success said the night.
Strive to make a good impression said the seal.

So saying, he pulled his coat together by means of his coat lapells and went staggering away as he had come. At the corner he lurched around and waving his fat chubby hand vigorously, he shouted after me:

"Thanks for the buggy ride."



G. O. Hutchinson
Goal



R. J. Stewart
Left Inside



R. U. Hewitt
Left Outside



U. R. Dwyer
Full Back



E. C. Dwyer
Right Inside



B. Clampton
Centre Forward



H. J. Kennedy
Right Outside



K. W. Hutchinson
Right Half



M. J. Quigley
Centre Half



Inter Faculty Trophy



W. P. Dwyer
Full Back



C. Fitzgerald
Left Half

DENTAL SOCCER TEAM.

INTER FACULTY CHAMPIONS.

1925.

RATTLING RAMBLINGS

Dear Gussie:

We have our noses to the grindstone now alright with the exams barely a fortnight off. Guess by the time you read this they will be all over. The Juniors have finished all theirs and at the present moment spend full time in the Infirmary and Lab. making themselves a nuisance to the Seniors by engaging the chair just whenever we want it.

Tuesday, 13th April, Goldsmith Bros. gave their annual banquet in the King Eddie. Gee but that was some evening! Not being very experienced in graduation banquets we were all on time, 6.30; but the usual half-hours delay passed quickly enough while we lounged in the lounge and told or listened to stories of—well, let's say professional experiences. (One must be guarded in ones statements when they are to be published in Hya Yaka.) The menu was really excellent, the man at the piano also, and as we were all feeling "merrily mellow" things went with a real swing, so much so that a Charleston contest was staged. Later in the evening Butcher and Garland gave us a topical song, "That Certain Party."

The Managing Director of Goldsmith Bros. gave us a short address and wished us all the best of luck, then a representative of Ritters gave us a lantern talk on Practice Building and Economics. As we had all had free smokes, cigars and cigarettes issued to us the room got pretty stuffy towards the end of the evening, but several of the "Macs" livened up the dull moments.

We are all dashing about in the endeavour to finish up our patients, working out the number of days left and the amount of work to be done and figuring out a schedule of work to be accomplished each day and there is still that Preventive Chart to make out. You should see the line up at the casting machine. One machine for 150 students. Too bad isn't it? And it is of course obvious that the waits are twice as long at the gold supply wicket.

Torontonenis is out at last and makes quite interesting reading. The groups are all good and most of the boys are recognizable. Well, this has been a most enjoyable year and I am very sorry indeed it is finished.

Yours ever,

ILLILIWA.

HIS SPRING LETTER HOME

Toronto, May 1st, 1926.

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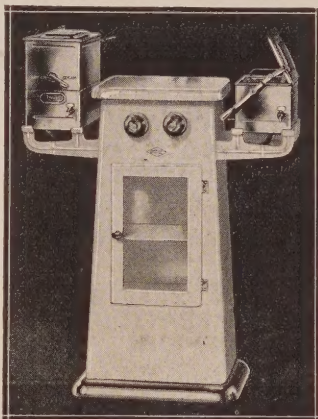
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